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Foreword

This manual, produced by the Emergency Services Division of Health and Welfare Canada, is a practical guide to planning, organizing, training staff, and implementing Personal Services in the event of a disaster.

The objectives of Personal Services are to:

- arrange for the initial reception of disaster victims arriving at reception centres and to provide them with information on the emergency help available;
- provide temporary care for unattended children and dependent elderly persons separated from their families, homes, or care facility;
- provide information on financial or material aid available to those in need;
- offer immediate and long-term support to people with emotional problems and needs created or aggravated by a disaster.

The information offered in this manual is based on current knowledge and practice derived from research and case reports, the practical experiences of human service workers, and the personal experiences of disaster victims. The manual describes the impact of disasters on people – their physical and emotional reactions, their recovery problems and needs – and suggests some effective response activities and services.

It is hoped that this publication will be a useful tool for planners, trainers and workers responsible for Personal Services in communities across Canada.

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This manual was researched and written by Raymond Lafond, Social Work Consultant with the Emergency Services Division of Health and Welfare Canada.

Many people contributed to the successful completion of this manual. Human service professionals and volunteers from across Canada involved in the planning and delivery of Personal Services to survivors of forest fires, tornadoes, floods, bus crashes, and PCB accidents generously shared their disaster response experiences and thoughts. Persons who contributed to this manual are:

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This manual describes some of the planning and intervention responses necessary for the effective delivery of psychological and social services following a disaster. Any comments or suggestions that would help improve the delivery of such services are welcomed and should be sent to: Emergency Services Division, 11th Floor, Jeanne Mance Bldg., Tunney's Pasture, Ottawa, Ontario, K1A 0L3.

Introduction

Emergency Social Services

1. Human Consequences of Disasters

Each year numerous communities across Canada experience a variety of natural and man-made disasters such as floods, fires, tornadoes, ice storms, blizzards, hazardous chemical spills, transportation crashes and industrial accidents.

Although disasters may cause destruction to the physical environment, they primarily affect people. Lives are lost, people injured, homes destroyed, and families dislocated. The resulting psychological, social and economic disruptions affect the well-being of individuals, families and the community as a whole.

2. Emergency Social Services

In a large-scale disaster, the volume, urgency and intensity of human needs and the degree of social disorganization are such that regular community social service resources are unable to cope. The situation requires the implementation of an emergency social services response system to meet urgent physical and personal needs until longer term programs are effectively in operation.

Emergency Social Services (ESS) is a planned emergency response organization designed to provide those basic services considered essential for the immediate and continuing well-being of persons affected by a disaster.

Five Emergency Social Services are considered essential:

2.1 Emergency Clothing Service

supplies clothing or emergency covering until regular sources of supply are available.

2.2 Emergency Lodging Service

arranges for safe, immediate, temporary lodging for homeless or evacuated people.

2.3 Emergency Food Service

feeds evacuees, emergency workers and disaster volunteers.

2.4 Registration and Inquiry Service

assists in reuniting families. Collects information and answers inquiries regarding the condition and whereabouts of missing persons.

2.5 Personal Services

provide for the initial reception of disaster victims arriving at reception centres; inform them of immediate emergency help available; offer temporary care for unattended children and dependent elderly; assist with the temporary care of residents from special care facilities; and offer immediate and long-term emotional support to people with personal problems and needs created or aggravated by a disaster.

3. Emergency Social Service (ESS) Planning

3.1 Responsibility for ESS Planning

Responsibility for ESS planning rests with a community's existing human service and public-minded agencies and organizations such as:

- municipal or provincial departments of social services, public health, mental health, family and children's services, etc.;
- private social service agencies;
- service clubs, church groups, and branches of national organizations; and
- business and professional associations.

A community's ESS response organization is built from and integrally linked to the existing community human service organizations. Its role is to support and assist the local human service structure, not replace it.

3.2 ESS Organization Chart

An example of a suggested community ESS response organization is included in Appendix A.

4. Community Emergency Response Plan

The Community Emergency Response Plan describes the measures that each municipal department – fire, police, ambulance, transport, utilities, social services, etc. – is expected to carry out in an emergency.

Once written, the ESS response plan becomes part of the overall community response plan and should be read in conjunction with the main plan.

Chapter I

Personal Services

1.1 Introduction

Although a disaster may affect hundreds or thousands of people, each victim's needs and suffering must be regarded as unique. Thus, it is essential to think of and plan for the *specific needs* of the individuals, families and special care groups affected by a disaster(336).

1.2 Purpose

People affected by a disaster have to adjust to major changes in their lives: grieve for their losses, locate temporary accommodation, repair or rebuild their homes, perhaps find new jobs, cope with physical disabilities or injuries, deal with personal or family crises, learn to talk freely about their disaster experiences and feelings, and face what the future might bring(8).

The goal of Personal Services (PS) is to facilitate people's early recovery by:

- offering immediate, appropriate, *personal help* and information to persons with physical, social, emotional or financial problems or needs created or aggravated by a disaster;
- providing short- and long-term preventive programs or services that will help reduce the ongoing stresses associated with personal, family and community recovery from disaster;
- providing information to human service planners, policy makers, and workers about human problems and needs created by a disaster and the services required to respond to these needs(47, 342).

The overall purpose of PS is to help people help themselves.

1.3 Personal Services Response in Disasters

PS provides the following services after a disaster:

1.3.1 Immediate Responses

(i) Reception and Information

PS provides for the initial reception of disaster victims arriving at reception centres* or other evacuation sites and provides information on emergency help immediately available.

(ii) Emotional Support

In the event of a major disaster, some victims arriving at reception centres, hospitals, or morgues will be experiencing such strong emotional reactions as fear, anxiety, helplessness and confusion. Others may be grieving the loss of a loved one, of their home, of their community, or experiencing distress because a loved one is seriously injured or missing. These persons require sensitive and sympathetic understanding and reassurance from PS staff(49, 78, 163).

(iii) Care of Unattended Children

Children abruptly separated from parents and home are likely to feel lost and frightened. They may also face practical problems, such as being too young to look after themselves, or being too frightened to provide information about themselves or relate to strange adults. PS workers need to offer reassurance and care(48).

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* A Reception Centre is a one-stop service site where evacuees are received and in which all five emergency social services are provided: clothing, lodging, food, registration and inquiry, and personal services.

(iv) Care of Dependent Adults

Some adults, because of physical or mental handicaps, have difficulty caring for themselves when separated from their homes or family. PS staff provide reassurance and assistance to those who may be temporarily upset or confused.

(v) Care of Residents From Special Care Facilities

The evacuation of special care facilities – nursing homes or rehabilitation facilities – removes residents from their familiar surroundings, disrupts their routine and increases their dependence on the accompanying staff. In most communities, special care facilities have their own emergency plans, which call for the evacuation of one facility to a similar one.

However, in some municipalities or situations, this may not be possible and residents may have to be temporarily evacuated to a school, church hall or community facility before being lodged elsewhere.

In such situations, PS workers assist staff from the special care facilities(200).

(vi) Financial and Material Assistance

Most people will temporarily accept mass care after a disaster but will want to get back to independent living as soon as possible. To do this, they may require financial or material assistance to secure the basic necessities of life. Past disasters have shown how important it is to their rehabilitation that this return to personal independence be made as quickly as possible.

PS workers provide such persons with information on financial or material assistance.

1.3.2 Short- and Long-Term Responses

Although the physical impact of a disaster is usually over within a short period of time, its repercussions on individuals, families and communities may be felt for weeks, months and even years.

Ongoing support programs and services are needed to assist survivors of all ages in coping with such disaster-related reactions as fear, anger, guilt, helplessness or nightmares and such day-to-day problems as housing, unemployment, transportation, legal aid and obtaining financial assistance(55, 207).

PS staff, assisted by various human service agencies in the community, provide such ongoing support services as:

- education and information;
- grief support;
- disaster aid;
- day care;
- drop-in centres;
- outreach services;
- child and family services;
- telephone support services;
- self-help programs for children, adolescents and adults;
- community mental health information;
- rehabilitation counselling;
- advocacy.

Planning for and responding to the ongoing personal problems and needs of disaster victims is an integral part of the PS effort to help people regain their independence.

Chapter II

Organization of Personal Services

2.1 Planning

In order to meet the personal needs of disaster victims quickly, a community must have a well-trained Personal Services (PS) organization ready to begin operations immediately after a disaster occurs. This chapter outlines the steps needed to organize PS in a community.

2.2 Organizational Structure

The size of the community determines the structure and scope of the PS organization. It should also be flexible enough to respond to varying emergency situations and demands.

A suggested PS organization chart is included in Appendix B.

2.3 Personnel Roles and Responsibilities

PS staff must clearly understand their roles and responsibilities if they are to achieve a prompt and effective response.

2.3.1 Chief of PS

The organization of PS in a community begins with the appointment and training of the Chief of PS by the Director of Emergency Social Services (ESS).

The responsibilities of the Chief of PS include:

Prior to a Disaster
- selecting a PS planning and organizing committee;
- establishing good working relations with human service organizations in the community;
- developing a PS response plan;
- selecting and training staff;
- testing the plan by holding regular PS exercises, then revising and updating the plan;
- coordinating the PS plan with those of the other four ESS;
- ensuring via the Director of ESS that the general public is informed of the role of PS in the event of a disaster;

During a Disaster
- reporting to ESS coordination centre and, if required, initiating and directing PS operations;
- ensuring the maintenance of a PS log and providing ongoing reports on problems, needs, and status of activities to the Director of ESS;

After a Disaster
- arranging Critical Incident Stress Debriefing sessions for all PS responders; and,
- preparing a post-disaster report on PS emergency activities for the Director of ESS.

2.3.2 The PS Planning Committee

(i) Importance

The formation of a PS planning committee ensures that:

- key community human service organizations are fully involved from the very beginning in the PS planning process;
- basic training in PS is provided to persons likely to intervene;
- continuity and uniformity in the PS response organization and process are ensured;
- the long-term needs of survivors are recognized and there is a common commitment to providing staff and resources to meet these needs.

(ii) Membership

The PS planning committee members should be recruited from major community service organizations: social services, community mental health, public health, school boards, pediatricians, child and family services, church groups, service clubs, volunteer organizations and branches of national organizations.

The participation of senior personnel on this committee is of utmost importance, as these representatives have the authority to make decisions and to commit resources on behalf of their respective agencies[256].

(iii) Responsibilities

This committee is responsible for assisting the PS Chief in:

- securing the active participation of other agencies and groups in the community whose functions are related to that of PS;
- developing the PS response plan;
- identifying the immediate and ongoing PS-related problems likely to be faced by disaster victims;
- surveying and reporting on PS resources available in the community such as personnel, supplies and equipment;
- assigning PS response roles and responsibilities.

(iv) Organizational and Operational Problems

The effective delivery of PS has sometimes been hampered by organizational and operational problems between response agencies or levels of government. The following problems are ones that can be anticipated and resolved by the PS planning committee: poor communication, absence of coordination, jurisdictional problems, lack of commitment, lack of recognition of PS role; education and training, and program funding[130].

a) Poor Communication

Open, cooperative communication links must be established among the many agencies involved in the PS response plan. This communication will be enhanced through regular meetings of senior staff from each agency. It is essential that committee members get to know one another personally, and become familiar with the resources and expertise that each has to offer[9, 358].

b) Absence of Coordination

The PS required to meet the needs of disaster victims vary widely. They require the involvement of workers from a multiplicity of human service disciplines and organizations and from various levels of government. It is, therefore, essential that the PS committee coordinate the planning and response effort of the different organizations and services in order to:

- ensure prompt, appropriate responses to survivors' needs;
- prevent overlap in service delivery;
- provide accurate, consistent and clear information on disaster services, compensation, policies and guidelines.

A PS newsletter is an effective way of promoting communication and coordination among response agencies. *See Appendix D: Tornado Response Newsletter* for an excellent example of a newsletter printed after the Edmonton tornado to promote coordination of counselling services to survivors.

c) Jurisdictional Problems

Jurisdictional conflicts within an agency or between agencies or levels of government have sometimes interfered with PS response[9, 21].

Jurisdictional problems can best be ironed out by the PS planning committee, which can take the required preventive measures. These may include:

- prior allocation of roles and responsibilities;
- communal recognition of the expertise or resources of certain agencies;
- agreement that at the time of a crisis, some agencies may have to alter roles or share tasks or responsibilities to serve the needs of survivors.

d) Lack of Commitment

In some cases, there may be commitment to PS planning at the headquarters of an organization but no local commitment (or vice versa). This situation may be due to apathy, work pressures upon local agencies, feelings of inadequacy or other factors[9].

Commitment to PS planning and response must be obtained from both senior and local levels, and precise expectations spelled out in policy manuals or directives.

e) Lack of recognition of PS role
Having senior personnel involved on an ongoing basis in PS planning lends credibility to the emergency tasks and underscores to all staff the need to be prepared for disasters.

f) Education and training
Because of a common attitude among staff and citizens that "it can't happen here," the PS planning committee must ensure that staff who would be involved in the disaster response receive ongoing information sessions. These sessions should cover:

- community emergency planning;
- emergency social services planning;
- individual or agency roles and responsibilities delivering PS;
- programs and services for victims of all ages.

g) Program funding
The committee needs to anticipate the types of preventive self-help programs that might be required after a disaster and plans for funding them. These can then be initiated without delay.

2.3.3 PS Supervisors at Reception Centres

The Chief of PS appoints a PS supervisor for each identified reception centre in the community. The PS supervisor is responsible to the reception centre manager for administrative matters and to the Chief of PS at ESS headquarters for the operation of PS.

The responsibilities of the PS supervisor are to:

- train PS reception centre staff;
- mobilize staff when the PS plan is initiated and set up PS in the reception centre;
- prepare work schedules, maintain the PS log and report regularly on problems, needs and the status of activities to the PS Chief;
- when the emergency is over, submit a report to the PS Chief and participate in the evaluation of PS.

2.3.4 PS Workers at Reception Centres and Other Operational Sites

Under the direction of the PS supervisor, PS workers at reception centres and other assembly sites provide the following services.

(i) Reception and Information

- receive evacuees, assess initial needs and brief them on the emergency social services available at the reception centre and elsewhere;
- answer questions and assist evacuees to get the help they require;
- provide support to evacuees who may be emotionally upset;
- supply accurate information to evacuees regarding the current situation so as to allay fears and prevent the spread of rumours.

(ii) Care of Unattended Children

- provide care, comfort and reassurance to unattended children who arrive at the reception centre;
- arrange for a speedy reunion with families where possible;
- arrange for food, clothing, registration and other services as needed;
- organize recreational activities if children have to remain at the reception centre;
- provide child care services so that parents can take care of disaster-related needs.

(iii) Care of Dependent Adults

- provide care for dependent adults;
- assist those who may be temporarily upset or confused;
- arrange for food, clothing, registration and other services as needed;
- provide as much privacy and comfort as possible;
- arrange for family members to reassume care as soon as possible.

(iv) Care of Residents from Special Care Facilities

- assist staff of evacuated special care facilities with residents who have additional needs caused by the disaster(200).

(v) Emotional Support

- provide comfort, support and reassurance to evacuees who are emotionally upset;
- arrange for the reunion of family members as soon as possible;
- encourage people to talk about their emotional reactions and experiences;
- orient those who are temporarily dazed or confused;
- link evacuees to ongoing support services.

(vi) Financial and Material Assistance

Much of the emotional turmoil of survivors is alleviated when practical help with basic needs is provided(176). PS workers interview individuals and families and refer them to sources of information on immediate financial assistance or such needs as food, clothing, temporary accommodation, transportation and emergency repairs.

2.3.5 Coordinator of Outreach Services

The coordinator of outreach services is responsible for(127):

- establishing and maintaining linkages with human service organizations and agencies responsible for delivering PS after a disaster;
- providing PS information and training to staff of these organizations and agencies;
- establishing and maintaining an up-to-date list of PS resources each agency can provide: personnel, facilities, program funding, financial assistance or specialized services;
- coordinating the delivery of outreach services after a disaster.

2.4 Recruiting PS Staff Workers

2.4.1 Suggested Sources of Personnel

The most desirable sources for recruitment of PS chiefs, supervisors and workers are the existing community professional and volunteer human service workers(351):

- social service professionals – such as social workers in provincial, municipal and voluntary social service agencies, child welfare workers, day-care workers, child and family counsellors;
- mental health professionals – such as psychiatrists, psychologists, therapists, mental health nurses and volunteers;
- health professionals – such as public health nurses, physicians, rehabilitation counsellors, recreologists, V.O.N. members;
- professional educators – such as teachers, psychologists, social workers, guidance counsellors;
- members of the clergy and church groups;
- volunteer service groups: distress centres, suicide prevention staff and their volunteers;
- service groups: funeral directors, Canadian Legion, Lions, Knights of Columbus, Rotary, Kiwanis, Kinsmen;
- senior citizen groups: senior citizen associations, nursing home personnel, visiting homemakers, retired seniors;
- national organizations, such as the Red Cross or the Salvation Army;

2.4.2 Selection Criteria

(i) Chief of PS

The Chief of PS should be a skilled human service worker or volunteer:

- familiar with local human service agencies and resources;
- skilled in mobilizing community groups and resources for action;
- able to communicate and to get along with a variety of people; and
- flexible, able to delegate and cooperate, and make decisions on the spot.

Regardless of his or her previous professional training and experience, he or she will need training in community emergency social service planning.

(ii) PS Supervisors

Supervisors should be skilled human service workers or volunteers with experience in counselling, administration, and supervision. Supervisors should also receive training in emergency social service planning.

(iii) PS Workers

Ideally, a high proportion of PS workers should be human service workers from varied disciplines: social workers, mental health workers, nurses, child care workers, rehabilitation counsellors, pastors and so on. However, because of their organizations' need to maintain regular day-to-day services, only a small proportion of these people may be available to provide emergency services.

Persons trained or experienced in related fields may have to provide emergency services. Volunteers recommended in section 2.4.1 would be most suitable.

Candidates should be persons who:

- are experienced in or have potential skills in offering emotional support to others;
- have a good knowledge of the community and its resources;
- are able to accept the validity of another person's feelings;
- are able to help people help themselves;
- have warm, genuine and empathetic concern for the needs of evacuees;
- are good listeners capable of assessing someone's emotional state and responding appropriately;
- are able to maintain confidentiality;

2.5 Specialized Communication

The Chief of PS should ensure the availability of professionals who are capable of responding to persons who have specific communication needs: hearing impaired, blind, persons who cannot read, or persons who may not speak or understand the language of the majority.

Chapter III

Emotional Aftermath of Disasters

3.1 Introduction

Researchers generally agree that individuals who have gone through disasters experience a range of predictable physical and emotional responses(318, 332, 344). This chapter provides a brief overview of the recurring patterns of response to each phase of a disaster.

3.2 Response Phases

There are seven generally recognized phases in individual and collective response to disaster: warning, threat, impact, inventory, rescue, recovery, and reconstruction(70, 149, 351). While it is impossible to specify exactly what reactions a given disaster victim will experience at any stage, the more common reactions are as follows:

3.2.1 Warning Phase

The warning phase is the period over which people become aware of the presence of danger. It may vary from a few minutes, such as in a tornado, to as long as several days, in the case of a flood, hurricane or a forest fire(43).

(i) Typical Physiological and Emotional Reactions

Anxiety and fear are two basic human reactions to danger. Any threat to a person's life will automatically trigger a series of physiological responses: increased heart rate, rapid breathing, increased perspiration, tightened muscles, a dry mouth, and sometimes nausea, vomiting, tremors and diarrhea. Such responses are normal as the body gears up to respond by either fighting the danger or running away from it(138, 346).

A "fight or flight" response is a spontaneous adaptive reaction. The body reacts to danger by choosing one of these two strategies to ensure survival. These reactions are the same whatever the stress; it matters little whether the danger is real and visible or only feared(14, 16, 136).

At the psychological and emotional levels, the initial response to a disaster warning is one of disbelief and denial(62, 139). People generally believe that they are not in any immediate danger and may attempt to downplay the threat in order to decrease anxiety(78). Indeed, warnings are often ignored because of a sense of personal invulnerability and of the timeless belief that "it can't happen here" and, if it does, "it won't happen to me"(104, 269).

Research also shows that while they deny they may be in danger, people will seek to confirm the warning by listening to various media reports, by checking with neighbours and relatives or even by going to the scene itself.

Lack of control over the approaching event may leave some people feeling helpless and confused.

(ii) Guidelines for Warning Messages

People's initial feelings of helplessness can be reduced and their belief in taking appropriate protective measures increased by issuing proper warning messages.

Disaster researchers recommend that warning messages be issued as early as possible; be short, clear, consistent and accurate; be specific about the threat; be specific about what protective measures should be taken and when to take them; and specify how, when and where people should go. Warning messages should be repeated frequently; and be issued by official sources (police, fire, emergency measures organizations), as they are more likely to be believed(62, 122, 269).

(iii) About Panic

Contrary to popular opinion, disaster research has clearly established that people ***Do Not Panic*** when they receive a warning message. As noted earlier, people tend to disbelieve warning messages and will not act until they have confirmed that a danger exists. Once the message is confirmed, people keep their wits and respond in a reasonably controlled and often very appropriate manner, despite being frightened(62).

What is panic?

When panic (defined as acute fear followed by flight behaviour(96)) does occur it is usually under fairly specific conditions(266):

- when people perceive that their lives are immediately threatened by an obvious danger such as a fire; or
- when escape from the situation appears possible at the moment, but escape routes are narrowing, blocked or about to close(96); and
- when persons are highly isolated.

Note: Officials sometimes hesitate to issue warning messages believing that people will panic. This belief is erroneous and can lead to serious consequences. **Warning** messages should be issued. As noted earlier, people who receive warning messages that convey clear accurate information will usually act in a controlled, reasonable manner and take appropriate protective measures(62, 269).

3.2.2 Threat Phase

At this stage, the danger is imminent and inevitable. People are increasingly vigilant and action-oriented; they demonstrate decreased coordination and some agitation. In some instances there may be a "fight or flight" reaction. People fear the loss of life, health and possessions. They usually take immediate protective and survival action, such as lying face down, or taking cover(295).

In disasters where there is no warning, such as a tornado, explosion, or plane crash, a "shock effects are very great and will have implications for recovery"(269).

3.2.3 Impact Phase

This is the period during which the disaster causes death, injury, and destruction. Impact may last from a few seconds or minutes, such as in a tornado or explosion, to several days or weeks, as in the case of floods, blizzards and earthquakes with after-shocks(43).

During this period, people are stunned; they can't believe the disaster is actually happening. They take what protective measures they can; often they freeze. Some other common physical and emotional reactions during this phase include trembling, numbness, nausea, fainting, fear, shock, horror, severe anxiety, feelings of hopelessness, helplessness, frailty and vulnerability. Individuals may also experience an "illusion of centrality;" that is, a feeling that the disaster is particularly focussed on oneself. Some people experience feelings of isolation and of abandonment(269, 344, 356).

This account by Donna Proacher, a survivor of the Barrie, Ontario tornado of May 1985, reveals some of the experiences of impact.

"I had been asked by several friends to mind their children while they ran errands, and by 4:15, I was keeping watch over seven, two of them my own. A storm was approaching. When the power went off, I called all the children in and busied them with crafts. The sky blackened and the living room grew so dark that I lit a half dozen candles. When the thunder and lightning started I began to close windows. As I went down the hallway to close the front door, I heard a noise like an approaching train. Instead of subsiding, the noise grew immense. I do not know how or why I knew, but I was instantly aware that a tornado was approaching.

I turned and glanced at the basement door and realized that there wasn't enough time to get eight people downstairs. I also feared being trapped down there. I remembered a documentary program about tornadoes which instructed families to gather under a doorway that was under the main beam of the house. I moved quickly to the doorway and called out as calmly as I could, "Kids come here right now"!

They looked up puzzled. I repeated the command more urgently and firmly. Their eyes showed various stages of panic as they rushed to where I was standing. Just as the last child reached my side and I had wrapped my arms around as many as I could, the tornado struck.

"Stay close, shut your eyes, shut your eyes," I yelled over the deafening roar of the wind. But I kept mine open.

The noise grew to an almost unbearable level. The living room and patio door windows began to shake and rock. Then they exploded inward and the fury was unleashed all around us. Everything shook and rocked. Debris, large and small roared by us.

Natural and supernatural thoughts were intertwined as I watched the room seem to disintegrate. On the banal level I thought ridiculously, "Good grief, this will take me days to clean up"! As the fury continued, my fear and horror rose and my thoughts shifted: "Oh no, this is dying."

"Oh Lord please don't let it be painful. Please stop this now; it can't continue; we'll be buried under the house." The seven children were alternately screaming, quivering and praying as we huddled under the kitchen door frame. And then it stopped. As quickly as it came it was gone. The silence was equally deafening. The children were sobbing in terror.

I methodically called out each child's name and asked if they were hurt. Miraculously, there were only minor cuts and bruises."*

3.2.4 Inventory Phase

This is the period immediately after impact when survivors emerge and take stock. They first check for the safety of family members and then search for neighbours and friends. Physical and emotional reactions during this phase range from dazed bewilderment, apathy, shock, passivity and withdrawal, to a sense of disbelief at what has happened. Some survivors may wander aimlessly, temporarily disoriented. Many people experience profound relief and gratitude for having survived. Some even feel a sense of euphoria(104, 295, 356).

These reactions are normal and temporary and should not be tampered with. Most are normal adaptive reactions that prevent individuals from being overwhelmed by the stressful event and help them to adjust gradually to the reality of the losses(139, 269). They also allow the people to keep functioning so that they can carry out the search and rescue tasks necessary at this phase of the disaster.

3.2.5 Rescue Phase

The rescue phase is the period of immediate emergency action. Survivors who are unhurt or slightly injured do not wait for rescuers to arrive but immediately begin to rescue trapped victims, give first aid and evacuate the injured to hospitals. Official rescuers soon converge on the disaster area: survivors are evacuated to an unaffected area and the seriously injured are taken to hospital. The dead may be removed to temporary morgues(43, 97, 265).

3.2.6 Recovery Phase

This is the beginning of what is often called the "honeymoon period".

The morale of survivors is lifted as relatives, friends, neighbours, community groups and surrounding communities offer to help. This phase may last from a few days to several weeks or months. At this stage, people begin to clean up the debris, file insurance claims, repair homes and make plans to rebuild(323, 355).

Although people's spirits are lifted by the help offered, individuals continue to experience reactions linked to personal losses. As people probe through the wreckage to recover what is still intact or salvageable, the numbness, bewilderment and disbelief begin to wear off and the hard reality of their losses sets in. At this point, a letdown occurs as there is a growing awareness of what is lost. Despair, distress and grief over losses then begin(53, 81, 332).

People who grieve for a lost home or other valued possessions go through the basic grieving process stages described by Elizabeth Kubler-Ross: denial, anger, bargaining, depression and acceptance(167). Signs of denial may take various forms – a refusal to initiate reconstruction plans or a flat refusal to return to a ravaged home. Some may still find it difficult in the first few days to accept that the disaster has occurred.

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* "The Best of Times, the Worst of Times" by Donna Proacher. Emergency Planning Digest, Vol. 13, No. 2, 1986.

Other grieving reactions may include loss of appetite, difficulty sleeping, and feelings of apathy or emotional emptiness. People may also express anger at what has happened to them. Some may feel guilty for having survived while others died or for not taking adequate protective measures.

In addition to the grief, survivors may continue to experience some degree of anxiety and fear. These feelings may rise sharply at the slightest hint of conditions similar to those of the previous disaster, such as an approaching storm or a heavy rainfall(5, 366). Victims of a 1987 flood in Perth-Andover, New Brunswick were plagued with repeated disturbing dreams in which(5):

- raging water invaded their homes as they slept
- their homes and possessions floated down the river
- they, other family members or pets fought for their lives as the flood waters overpowered them.

Survivors need to be constantly reassured that these *reactions are normal*, that they are part of the process of coming to terms with their experiences.

3.2.7 Reconstruction Phase

The reconstruction phase includes not only the physical reconstruction of home and property but also the long process of emotional adjustment. It begins when survivors have been temporarily housed, and repair or reconstruction of homes has begun. How well and how quickly individuals and families recover depends largely on(29, 43):

- the degree and extent of losses;
- the likelihood of experiencing a similar disaster in the near future;
- financial resources available (insurance, secure job income, government compensation, low-interest loans);
- recovery delay factors (weather, construction, compensation);
- special support from family, relatives, friends and community;
- marital and family cohesiveness;
- religious beliefs.

During the reconstruction phase, disaster victims report experiencing feelings of fatigue, of sadness ("feeling blue"), of listlessness, of being disorganized. Some complain of frustration and anger over recovery delays and "red tape," while others become increasingly concerned about their children's reactions, financial issues, or poor sleeping patterns(202, 323).

Reactions and struggles during reconstruction are pertinently described by Sydney Alchorn, an emergency measures officer, and Helen Jane Blanchard, an outreach worker, in their article on the Perth-Andover, New Brunswick, flood victims:

"A number of them experienced appetite variations with subsequent weight loss or gain. Family members identified changes in each other's behavior, such as increased irritability, decreased communication, withdrawal, an increase in family disagreements, sibling rivalry or acting out behavior.

Many were frustrated and angry at the delays in receiving assistance money as financial demands mounted. They were all anxious to start making plans for repairs, reconstruction, or relocation. These concerns brought about a sense of not being in control of their lives.

Families described the discomfort of living in damaged homes and some reported health problems resulting from exposure to oil fumes. Others complained about a lack of privacy, increased tension and the upset of regular routine while staying with relatives or friends until they were able to find alternate accommodations or return to their repaired homes.

Various victims felt frustrated and angry about the lack of empathy displayed by other community members. This was evident in the criticism and resentment expressed by neighbors over the new purchases and construction.

Three months after the flood, some victims were expressing considerable discontent, disappointment and disillusionment about their settlements. This resulted in competitive behavior among victims.

Others felt frustration and dissatisfaction with contractors, workmanship and construction delays. Individuals were physically tired, due to the persistent stress and strain of reassessments, negotiations with government officials or overseeing construction."*

For some individuals and families, the recovery process may extend for months and even years. The long process of recovery and reorganization needs to be recognized and included in psychosocial recovery plans(239).

3.3 Disaster Victim Phases and PS Planning

The length of time an individual, family or community spends within each phase depends on a variety of factors: degree of individual and community loss, financial resources, family support, response and recovery capabilities(29).

Planners should be aware that these various phases are not entirely distinct. A new phase can start while the previous one is still in progress. People's reactions also fluctuate back and forth(344).

PS workers should also be aware that some people experience delayed reactions, weeks or months after the disaster.

PS planning and intervention must be based on an understanding of the physical and emotional reactions and processes triggered by a disaster and the subsequent stresses associated with personal and family recovery. Such information enables PS planners and workers to(158, 332):

- help people better understand and cope with their reactions to what has happened and what will happen to them;
- encourage and support the expression of these reactions;
- reassure people that their reactions are quite normal;
- teach survivors techniques and skills for coping with disaster-related stresses and enhancing their physical and emotional well-being;
- develop PS policies and support services that emphasize prevention, education, early intervention and ongoing follow-up services;
- time the delivery of services so that they are appropriate to survivor's emotional stages and needs.

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* "Outreach: Treating the Hidden Wounds of a Springtime Disaster," by H. Sidney Alchorn and Helen Jane Blanchard. Emergency Preparedness Digest, Vol. 15, No. 2, 1988.

Chapter IV

Children and Disaster*

4.1 Introduction

Children exposed to a sudden violent event experience intense feelings, including the anxiety and fear that are normal reactions to danger. They fear injury, death, being separated from family members, being left alone and having a similar disaster occur. These fears are very real to the child and should be accepted at face value by parents and caregivers(260, 350).

Children's disaster-related fears and anxieties are expressed in a variety of ways, depending on their ages. Crying, clinging, nightmares, fears that the disaster will recur, confusion, withdrawal and aggressive behaviours are common. Such reactions, *though normal and temporary*, can be upsetting to parents and caregivers, who are often unsure about how to help the children. Parents who are troubled by their own fears will also be less effective in calming their anxious children. These difficulties, coupled with the pressures and demands of the recovery phase, sometimes lead parents to ignore their children's needs(269, 309, 350).

This chapter examines typical disaster reactions to be expected from children of different age groups. Parents, teachers, child-care workers and other caregivers are offered practical suggestions, based on previous disaster services to children, on how to reduce the intensity of these reactions and help children cope(20, 195).

4.2 Children Under Six

Generally, the world of young children is based on predictable events in a stable environment, inhabited by dependable people. The children can rely on comforting routines: awakening in the morning to the presence of their parents, preparing for nursery school, meeting the same teacher and schoolmates, playing with friends, sleeping in their own beds(350). Disasters such as fires, floods, tornadoes or earthquakes disrupt their secure world. Family members or friends may be killed, their own lives threatened, their homes destroyed. They may have to move into temporary accommodations in an unfamiliar neighborhood. These sudden changes in family routines, as well as fears and anxieties resulting from their own disaster experience, can change the way children behave.

4.2.1 Reactions to Disaster

Since young children are not highly verbal, they generally express their fears and anxieties through their behaviour. Typical reactions in this age group include the following.

(i) Regressive Behaviour

When children are afraid or worried about something, they often revert temporarily to "childish" behaviours that they have outgrown. Some children whine, wet themselves, suck their thumbs, perhaps ask to be fed or dressed. Others won't let parents out of their sight, want to be held or carried, and become terrified of crowds or strangers. Disruption of family routines can make children irritable, angry and confused, or quiet and withdrawn. They long for things to be as they were before(223, 269, 350).

1) Understanding these reactions

Regressive behaviours are normal signs of a child's anxieties and fears. When children cling to their parents, they are expressing their fears of separation in a perfectly natural way. Children whose lives were threatened or who were buried under debris or were alone when the disaster occurred have realized the harmful effects of being separated from their parents and, in their clinging, are trying to prevent a possible recurrence(350). They want to keep parents near in order to feel safe and protected. Similarly, children return to bedwetting when they are upset by things like moving, being separated from parents, attending a new school, strained family relationships and abrupt changes in family routines.

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* Adapted from: U.S. Department of Health and Human Services, National Institute of Mental Health. Manual for Child Health Workers in Major Disasters. Farberow, N.L., and Gordon, N.S. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1981.

Other habits such as thumbsucking, nail biting, hairtwisting, rocking or holding on to a security blanket often surface after a violent event. These are all ways in which children comfort themselves when they are tired, upset or sick.

2) How parents can help

- *Don't be alarmed by your children's regressive behaviour.* The reactions are normal signs of anxiety and are usually of short duration.
- *Don't fuss or overreact.* If you become over-concerned and punish or nag the child, these reactions will persist much longer.
- *Acknowledge and encourage appropriate behaviour.* Praise offered for positive behaviour produces positive change.
- *Spend extra time paying attention to your children.* Make them feel understood and loved. Show them that you are not upset by the bedwetting, thumbsucking or nail biting and that you know it will pass.
- *Children who cling need to learn that you will come back.* Be patient. This reaction is normal. Leave them when necessary, but don't go without telling them and always assure them you will return. Give your children lots of extra praise, love and attention until they feel secure again.
- *Keep the family together, especially in the early days after the disaster.* You may want to "protect" your children by sending them away from the scene of the destruction but this may add to their fears rather than reduce the stress related to the situation. Children need their parents or familiar adults around them as much as possible after a disaster(269).
- *Include your children in recovery activities such as clean-up.* It is reassuring for children to see progress being made in bringing the house back to order and to be part of the family's recovery activities. Giving them something to do also helps to focus their attention on concrete things and provides relief from their fears.
- *Return to regular family routines as soon as possible*, especially if you are in a relocated setting. Regular bedtime schedules and having playmates over are comforting for a child. Familiar routines reinforce their sense of security.
- *Comfort the very young child.* If you are the parents of a very young child, your task is more difficult. Such a child may need more physical care, holding, comforting, and reassurance. This makes it harder for you to attend to other things that need to be done. Unfortunately, there is no shortcut. If your child's needs are not met, the problem will persist longer(350).

(ii) Bedtime Problems

Parents report that bedtime problems are the difficulty they most frequently encounter with their children following a disaster. Children may refuse to go to their rooms, or to sleep by themselves. When they go to bed, they may have difficulty falling asleep. Once asleep they may dream of what has happened and wake up frightened, crying, screaming or shaking with re-experienced terror. Once awake they may insist on sleeping with their parents or having someone stay near them. They may also express fears of darkness or of animals(229, 329, 330).

It is normal and natural for frightened children to seek the comfort and security of their parents' bed or presence. It is also normal and natural for parents to have their children near them. However, such behaviours are disruptive to a child's well-being. They also increase stress for the parents, who may themselves have trouble sleeping.

1) Understanding children's nighttime fears

A disaster naturally increases children's fear of separation from parents. Their dormant anxiety about being abandoned is momentarily awakened. It is normal, therefore, for children to be afraid of being alone or of sleeping alone in the dark after a disaster.

What about nightmares? They "provide a way of venting anxieties and conflicts that we are not able to face in our daily lives and dealing with fears we cannot consciously confront"(185). Nightmares can help a child to work through strong emotional experiences. They are seen as an extension of normal dreaming and as a natural part of a child's development.

However, young children cannot distinguish fantasy from reality, sleeping from being awake. The frightening creatures and events in their nightmares are as real as daily life(185).

2) How parents can help

- *Spend more time with your children* during waking hours. This will make them feel more secure at night.
- *Provide opportunities for exercise and vigorous play.* Such activities will help your children work off excess tension and energy and contribute to an uninterrupted night's sleep.
- *Provide a comforting bedtime routine.* "Sleep is a time of separation that can often be eased by giving children a feeling of security. Establishing a bedtime ritual is a very important step in relieving a child's fear of nightmare or separation"(185). A warm bath, quiet play, telling a story, singing a quiet song, providing a cuddly toy for comfort all contribute to a sense of security and well-being so effective in reducing stress and promoting soothing relaxation(48, 185). This time alone with mother and father is often a time when children can share anxieties and fears. It is important that parents take the time to listen. These intimate contacts relieve children of anxiety and lull them into a pleasant sleep.
- *If your children get out of bed:* Lead them calmly back. Reassure them of your presence, then say something short and soothing, such as "I'm here and I love you, but it's time to sleep now."
- *If your children call you or cry after being put to bed:* Go to them, offering a hug and extra kiss for reassurance. Acknowledge their fear of separation: "It is scary when you are by yourself." Reassure them of your presence: "Your father and I are here. We will protect you and make sure that no harm comes to you."
- *It may be helpful to have a night-light* in the room or in the hall and have the child's door open.
- *If your children wake up frightened, go to them at once and comfort them.* When you go in, try not to turn on bright lights or talk in a loud voice. Acknowledge the fear experienced: "You must have had a very scary dream." *Listen without interruptions* to what your children have to say about their dream. Do not deny the existence of fear by saying that "There's nothing to be afraid of." Rather, be accepting, understanding and help the child express the fear and thus gain greater control over it. To calm your children it is essential to help them establish what is real and what is fantasy. By allowing children to describe the nightmare, you will have an opportunity to determine whether their fears are real or imaginary. When the child has told you about the nightmare acknowledge and validate their experience by saying: "It must have seemed real to you" or "that sounds like a very scary experience, I don't blame you for hiding ...crying...screaming...running away..." Reassure the child that you are near and that he or she is safe. If possible, stay until your child falls asleep(185, 350).
- *Some bedtime problems can be resolved by greater understanding and flexibility on the part of the parent.* Allowing the child to sleep in your bedroom on a mattress or in a crib or moving him or her into another child's room temporarily might be of some help. A time limit should be agreed upon by both parents and child and adhered to firmly(350).

3) What if it doesn't work

If your child seems to be having an increasing number of nightmares or they seem very upsetting, talk the problem over with a doctor, public health nurse or mental health worker.

4.3 Older Children

4.3.1 Reactions to Disaster

Fears and anxieties also predominate in the reactions of children of elementary school age (6-11). Such fears show an increasing awareness of real danger to themselves, their family and friends. Loss of prized possessions, especially pets, seems to hold special meaning. The reactions also begin to include the fear of damage to their environment. Imaginary fears that seem unrelated to the disaster may appear as well.

As with the pre-school group, regressive behaviours such as bed-wetting, clinging and nightmares may also appear, sometimes to a marked degree. Weather conditions such as thunder, lightning, heavy rain, high winds and snow – all conditions associated with a previous disaster (flood, fire, tornado, blizzard) – may trigger fears that the disaster will recur. Other emotional reactions may also be revealed through irritability, disobedience, depression, headaches and visual or hearing problems.

l) How parents can help

- Take your children's fears seriously. Respect their feelings and try to understand them. A child's fear doesn't have to make sense. A child who is afraid, is truly afraid. Don't be angry or make fun of them. Don't say "it's silly to be scared." Do say, "I can see you're scared," or, "it is a scary feeling when it rains hard or the wind blows or to be all alone when it's dark." Being told it is normal and natural to be afraid is reassuring.
- *Listen to what your children tell you* about their fears, feelings or thoughts about what has happened. This will help them to make sense of the situation and deal with their feelings(269).
- *Don't force children to be brave or to face what frightens them.* Work up to it slowly and help them ease out of the fear. The stronger the fear, the greater the importance of confronting it gradually and the longer it will take to overcome. Several ways have been used to help children overcome fear of the dark. For example, you can provide a night light, gradually moving it further away from the child, and eventually into another area. Leave a flashlight by the child's bed, or have a friend who is not afraid of the dark sleep overnight in the same room.
- *Explain the disaster to your children as best you can.* Children, like adults, are most fearful when they do not understand what is "happening around them." Every effort should be made to keep them accurately informed about what has happened and what will happen. Information about the event is empowering and helps normalize the event. Also, one should not underestimate the capacity of even a very young child to absorb factual information.
- *Encourage your children to talk.* It is essential to provide an atmosphere of acceptance where your children will feel free to talk about their fears at home or at school.

  You may be reluctant to encourage children to talk about their fears, believing that this will keep these painful memories of the event alive and harm the child. This protective silence will not help the child's readjustment process. The best way to protect your children is to encourage them to talk openly and freely about their experiences in order to work through the feelings precipitated by the event. Children who think that their parents do not understand their fears feel ashamed, rejected, unloved and consequently, even more afraid(38, 350).
- *Parents as role models.* Although you may be experiencing strong disaster-related fears and anxieties yourselves, it is important to demonstrate strength and control to your children, who will feel more secure and reassured. However, it will not harm children to let them know that you experience fear; as a matter of fact, it is good to put these feelings into words. For example, statements like "its a scary feeling when ...it rains hard...thunders...wind blows..." are helpful and should be used. This sharing will encourage children to talk about their own feelings or fears. Talking things over helps reduce the fear of young and old alike.

(i) School Avoidance

The school environment and the increasingly important role of peers lend another dimension to the behaviours already described. Children may refuse to go to school, have behaviour problems in school, and experience difficulty concentrating.

It is important for children and teenagers to attend school since it is the centre of life with peers. School is the major source of activity, guidance, direction, and structure for the child. When a youngster avoids school, it may generally be assumed that a serious problem exists.

One of the reasons for not going to school may be fear of being separated from loved ones, which may be a reflection of the family's insecurity about the child's absence from home. Some high-achieving youngsters may be afraid of failing and, once they have missed some time at school, may have concerns about returning. The low performers may find that the chaos of disaster make it even more difficult for them to concentrate. School authorities and parents should be flexible in the ways they encourage youngsters to attend school.

It is important to note that children are very sensitive to their parents' problems following a disaster and may not want to burden them with their own. They often open up more easily to someone outside the home whom they trust such as teachers, counsellors and peers.

(ii) Death and Grieving

It is not unusual for a disaster to trigger children's questions about death and dying. The fear of the loss of mother or father underlies many of the reactions that a child may develop, such as sleeplessness, night terrors or clinging behaviours.

Often, when a loss has occurred, the children's problems are overlooked, and no one helps them handle their reactions to it.

The following account from the wife of one of the 84 men who died when the Ocean Ranger sank illustrates the difficulty these women, severely upset themselves, had in explaining what had happened to their young children:

On Tuesday night my sister came to me and said Vicky had been with a friend, and the little girl told Vicky that her daddy had fallen in the water and drowned. Vicky went and told this to my sister, so she said we are going to have to tell Vicky something soon. Wednesday morning, I think, I dropped off to sleep about five. I got up at seven and took a bath and went out to my sister where Vicky was staying at the time. I called her in the room and asked her did she know what was going on and she said, "My daddy is after falling in the water and drowning." I said, "Who told you that?" and she said, "Heather." I said, "No, he never fell in the water," and she said, "But Mommy, what happened to him?" I explained that there was an accident on the rig. She said, "But if there is an accident do they be hurt?" I said, "No," so she asked what happened. I told her that all the men were out on the rig and they had an accident and God took all the men up to heaven. She said, "But how did they get up to heaven? Did they get up to heaven in a helicopter?" I said, "No," and she said, "Well, how did they get up to heaven?" I said that God couldn't let them fall in the water because then they would be hurt so he just took them up. I said, "He can do things like that. So now you are not going to be able to see your daddy anymore." But she answered, "I'll be able to see him some time. Some day he'll come back." I said, "No, Vicky, he's not going to come back any more." She said, "But Mommy, why did they want all these men up in heaven?" "Probably God needs them up there. He could be lonely." "But Mommy, how many men was it?" I answered "Eighty-four." "But Mommy, God don't need eighty-four men."*

1) Helping children grieve

- *Tell children about the death of a loved one.*
  Some parents feel uncomfortable talking about death to their children either because of their own fears or because they are so preoccupied with their own grief that they fail to consider their children's grief. Others want to protect their children from pain and sadness even to the point of not wanting to tell them about a death in the family. However, it may well be that one of the best kinds of "protection" we can give children is to respect their right to grieve by sharing with them what happened, in a simple, honest, and age-appropriate manner. Children should then be given the opportunity to ask questions or respond as they feel. Children may need additional time to adjust in their own way to the loss and let parents know what questions they have(57, 106, 296).

  We need to remember that when there are unanswered questions (or unspoken ones), children will find their own fantasy explanations. Often these fantasies are more frigthening than reality. It is therefore important for parents to label and identify the finality of death in order to dispel fantasies(296).

  Children's questions about where the deceased has gone are often a problem for parents. Parents need to be true to their individual faith and beliefs as well as to family traditions but, at the same time, remain sensitive to their children's real concerns(296).

  Sometimes it is more helpful to answer a child's questions about the whereabouts of the deceased with such answers as "No one knows for sure but I believe..." For some people saying "You know, I wonder about that too" is a special kind of honesty and a kind that children understand(296).

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* *But Who Cares Now? The Tragedy of the Ocean Ranger*, by Douglas House. St. John's, Newfoundland: Breakwater Books Limited, 1987. Permission granted by Breakwater Books Ltd.

- *Include them in the funeral rituals*
  This is especially important as young children do not understand what death is all about. They need parents to talk about it with them and include them in the funeral and mourning rituals. Excluding children from the opportunity to see the body or participate in the rituals of farewell may add to their difficulty in comprehending and resolving what has happened. Exclusion may also bring a sense of rejection and can result in children misinterpreting what is going on and becoming anxious(296).

- *Provide family reassurance and support*
  When a mother or father dies, most children are fearful of what will happen to them should the remaining parent die. They may need gentle repeated reassurance that although their parent or relative has died and will not return, other family members will stay and look after them. It is essential, therefore, that all efforts be made to prevent any breakup of the family unit after bereavement(296, 350). Further separations impose enormous additional stress on adults; for children the effect may be overwhelming and destructive(274).

2) Anger at death

In a pamphlet entitled, "Talking With Young Children About Death", Fred Rogers and Hedda Sharapan explain that: "Children can feel angry at death – just as adults can. "How could he do this to me?" or "Didn't she know how much I needed her?" are feelings that children and adults alike can want to scream out loud. People of all ages need the freedom to shake their fists at the sky and shout, "Why me?" Children can be helped by learning that lots of people feel the same way when someone close to them dies. Help can often come, too, from providing physical outlets for the anger, such as strenuous physical sports or games."* Playing with sand, water or playdough will encourage them to devise their own imaginary games in order to express their anger and soothe themselves.

3) Guilt

Children can also feel guilty. They may believe "if only I had behaved better, she wouldn't have died." Younger children may even think that they "turned on the tornado" or that playing with a candle made the "world burn." Rogers and Sharapan observe that "at an early age, children do tend to think that their thoughts and wishes have magical powers – that wishing someone dead could cause that person to die. Guilt can also come from the specific regrets most of us have when a loved one dies, regrets for things we said or did... or for things we didn't say or do. Children are no different, and we help each other when we talk about these feelings together. For example, parents can explain that we often express anger at people we love the most, that loving people understand that and forgive us. We need to be equally forgiving to ourselves."*

Children need reassurance that the parent's or family member's death was not their fault, that it was caused by an accident or illness. It is comforting to be told that there are some things they cannot control, such as parents getting sick or having an accident or dying(350).

4.4 Helping Strategies

(i) The Use of Play

Few children are able to sit and talk directly about their difficulties. Sometimes they express their concerns less directly through play. Play is serious business for children and the fundamental way for them to work on their feelings.

Fantasies that are verbalized while playing often provide much information about the psychological processes that are at the bottom of children's problems(160, 269, 296).

Children's play following a disaster will reflect their experiences. For example, as noted by Sharapan, "one child might express anger over a loss by building elaborate block structures and then destroying them again and again and again. Another might examine death by burying dolls in sand or by just lying very, very still. For a child who plays with puppets, dramatic puppet play might be an outlet for a wide range of feelings; for others it might be made-up songs: "Grandpa's buried in the ground, in the ground"(296).

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* "Talking With Young Children About Death" by Fred Rogers and Hedda B. Sharapan. Family Communications Inc., Pittsburg, Pennsylvania. c1979. Printed by permission.

Some basic guidelines on helping children express their feelings through play include the following(350):

- allow children to make their own interpretations through their play activities but be available for conversation if the play leads naturally to talk;
- get down to the children's level - literally play on the floor with them when necessary;
- project yourself into the children's situation and see the world through their eyes;
- involve parents and teach them to understand how children express feeling and fears through play.

See Appendix E for additional information on: Helping techniques and activities for parents, teachers, counsellors, and child care workers for children of preschool and elementary school age.

4.5 Pre-adolescence and Adolescence (Ages 12-17)

4.5.1 Reactions to Disaster

A major disaster may have a number of effects on adolescents, depending on the extent to which it disrupts the functioning of the family and community. It may stimulate fears concerning the loss of their family; it may reinforce anxieties about their own bodies and their intactness; it may threaten their growing independence from the family because of the family's need to pull together; and it may revive fears and anxieties from earlier stages of development.

(i) Some Common Reactions

According to Farberow and Gordon, trouble signs to watch for in pre-adolescents and adolescents include: withdrawal and isolation; physical complaints, such as headaches, stomach pain, loss of appetite; depression; sadness; tension; suicidal thoughts; antisocial behaviour, such as stealing, aggression, acting out; school problems, such as avoidance, disruptive behaviour, academic failures; sleep disturbances, such as sleeplessness, night terrors, withdrawal into heavy sleep; confusion(350).

Most of these changes in behaviour are temporary and disappear within a short period. When these persist, they are readily apparent to the family and to teachers, who should respond quickly. Teenagers who appear to be withdrawn and isolated, and who isolate themselves from family and friends, are experiencing emotional difficulties. They may be concealing fears they are afraid to express, for adolescents have a great need to appear competent to the world around them. They are struggling to achieve independence from the family and are torn between the desire for increased responsibility and the more dependent role of childhood. Adolescents often show their emotional distress through physical complaints, as do many adults.

(ii) Death and Grieving

Adolescents are extremely vulnerable when they lose loved ones and possesions. As a result of a disaster, they can be suddenly thrust into an adult role. Older adolescents may have to become the head of the household and provide increased financial or emotional support at a time of family crisis(140).

As with adults, adolescents need to give themselves permission to grieve. Information on loss and grieving, and on support measures that family members, friends, and schools can offer is helpful in facilitating the expression of grief by adolescents. Self-help groups led by counsellors familiar with the grieving process have also been successful in helping adolescents express and cope with the intense emotional reactions associated with the death of a parent or close friend(219, 220).

(iii) Suicidal Thoughts

Threats or attempts to injure or kill oneself are not uncommon among adolescents, and any indication of suicidal feelings must be taken seriously. The most frequent motivation is loss of close family or friends.

Feelings of helplessness, hopelessness, and worthlessness are strong indicators of potential suicide, expressed verbally or non-verbally through behavioural signs (withdrawal, antisocial behaviour, loss of interest, apathy and agitation), physical symptoms (sleep and appetite disturbances), and cognitive process changes (perceived loss of alternatives, poor judgement and reasoning ability). Evidence of caring and concern are the most immediate and effective ways workers can help. In general, however, any person with suicidal thoughts should be referred for professional help.

(iv) Confusion

A trouble sign that requires immediate attention is confusion (regressive behaviour, inappropriate feelings, immobilization), and generally implies a deep-seated disturbance that should probably be referred to a mental health professional.

(v) Antisocial Behaviour

Behavioural problems (vandalism, stealing and aggressiveness) have been reported in some communities following a disaster. This type of behaviour may be the reaction of an adolescent with low self-esteem.

(vi) Boredom and Isolation

A major problem for adolescents following a disaster is the boredom and isolation from peers that comes from disruption of their usual activities in school, on the playground, and from family relocation.

Teenagers are most affected by these long periods of separation as they tend to lean more on each other and less on their family for emotional support. Ways to counteract boredom and separation include:

- involving teens in cleanup activities
- having them contribute to the rebuilding process by planting trees and flowers in parks or public areas. (Following the Barrie and Edmonton tornadoes, teenagers were involved in such activities.)
- assisting the elderly with errands
- babysitting for families busy with rebuilding activities
- organizing play activities for younger children.

If adolescents are separated from friends and peers during the summer holiday period or for a few months, it is helpful to arrange for them to meet in the previous neighbourhood, school, or community facility for dances, sports, and social functions. Such activities are an excellent way for teenagers to maintain contact with friends displaced by the disaster.

4.5.2 Self-Help Groups

Teenagers, 12-15 years old, find it easier to relate to each other than to adults. Self-help groups organized after the Barrie and Edmonton tornadoes showed these pre-adolescents gained a lot from a group experience in which they could talk openly and honestly about their feelings after a disaster. Such groups enable them to express their fears in front of their peers once they are reassured that having fears and anxieties is normal and that other teens (even the most-confident appearing ones) also have these feelings. Self-help groups function well when:

- there are flexible leaders who can provide emotional support and develop activities based on the needs and desires of participants
- teens are personally involved in selecting and organizing group activities
- therapeutic objectives are met through recreation, social activities and information sessions.

The Tornado Community Volunteers was a group organized for teens aged 12 to 14 following the Barrie tornado of May 1985(298). Their motto reflected their enthusiasm and determination: *We fought back!*

The volunteer group met three times a week for nine months. Led by a child care worker and a recreation specialist, the teens were taught, through the use of various recreational, social and self-help activities, to work through many of their disaster-related feelings.

The various activities encouraged them to move from feelings of powerlessness to ones of control, from feelings of insecurity and fear to ones of confidence, and from feelings of anger, anxiety, and guilt to ones of mastery and acceptance.

Social activities focussed on the needs and desires common to children of these ages and included cooking, movies, listening to music, hobbies, crafts, games, dances, bowling, hayrides, sleighrides, and carolling.

Leaders provided opportunities for the expression of feelings through photography, drama and other art forms; interaction with fellow victims (tree planting); and visits to residents of a nursing home struck by the tornado; and discussion groups.

Information and discussion activities that promoted a sense of security, control, and competence included two visits from a weather specialist to gain factual information about weather patterns and tornadoes in particular. These information sessions helped the adolescents to rationalize anxieties about weather changes and to learn protective measures should a tornado strike again.

Upon request, the weather specialist sent weather maps and charts to the group.

A physiotherapist from a local hospital conducted two relaxation technique sessions with the teen group. At the first session, recognizing and expressing feelings and methods of redirecting thoughts in times of stress were discussed and practised. During the second session, teens were instructed on becoming aware of physical manifestations of stress and how to relax the body. Both sessions were extremely effective and the participants requested a repeat session in the spring.

A creative art contest was also developed. The purpose of the contest was to promote the expression of emotions resulting from the tornado through photography, writing, poetry, model building, and sketching. Professionals from each field were invited to provide basic training.

The Tornado Community Volunteers activities facilitated the ongoing healing process necessary for future growth and development(298).

4.6 Older Adolescents

Older adolescents (16-18 years) also have great difficulty expressing their fears and anxieties because expressing such fears might make them appear less competent to their peers and to themselves. Peer rap groups, in which adolescents can talk about their disaster experiences and ventilate feelings, are helpful in relieving buried anxieties. These groups should meet in familiar surroundings such as a school, worksite, community facility, or wherever they usually congregate in the community.

Youth workers involved in Edmonton tornado outreach programs reported that teens in this age group were difficult to reach, particularly those who were no longer attending school. To respond to the needs of this age group, Edmonton youth workers suggested that future endeavours:

- be both school and community oriented
- attempt to bring together teens who have similar economic backgrounds or who already share recreational or social affiliations
- include personal outreach to individual adolescent survivors since their physical, social and behavioural reactions closely resemble those of adults
- challenge the youth to assume leadership of their groups so that their ideas will be heard and implemented.

Edmonton youth workers were successful in gaining the assistance of some adolescents to volunteer as co-leaders of the pre-adolescent group.

See Appendix F for additional information on: Helping techniques and activities for teachers, counsellors, and child care workers for students of junior high and high school age.

4.7 When to Refer for Help

We have stressed that normal reactions to a disaster vary widely, and can usually be dealt with by support at home and at school. This is not always the case, however, and you may need to recommend professional help. In making such a referral, it is important to stress that parents have not failed if they find they are not able to help their child themselves. It is also important to note that early action will help the child return to a normal level of functioning and avoid problems later.

Students who have lost family members or friends, who were physically injured, or felt that they were in extreme danger are at special risk. Individuals who have been in previous disasters, or who were involved in individual or family crises in addition to the disaster, may have more difficulty dealing with the additional stress. Counselling may be recommended as a preventive measure in such cases.

If symptoms considered normal reactions following a disaster persist for several months and/or are disruptive to a child's social, mental, or physical functioning, referral is recommended.

Chapter V

Adults in Disasters

5.1 Introduction

Disasters generate sudden, unexpected, and extraordinary stress on individuals, families and communities. Fear for one's life and the lives of loved ones; the sudden loss of a family member, of a home, or of a community; endless work cleaning and repairing property; hassles with insurance companies, builders, and other agencies; financial and family problems; or simply the fact of experiencing the disaster itself are all sources of stress that affect the physical and emotional well-being of individuals and families(212, 309, 360).

This chapter describes the normal and common emotional reactions of individuals who have experienced a disaster. It offers suggestions on how individual survivors and their families can be helped to better understand, express and cope with these reactions. The chapter also explains the basic principles of crisis intervention and the Personal Services (PS) support found to be most effective in post-disaster work.

5.2 Some Key Guidelines

The following are key principles to be kept in mind when developing a PS response plan for survivors of a large-scale disaster.

5.2.1 Most Reactions are Normal

Survivors of a disaster are generally normal people who were independent and competent before the disaster and who continue to be so afterward. People do not disintegrate in response to disaster; they remain ordinary people who have had an extraordinary experience. Their problems usually result from the understandable stress linked to the event and are expressed in a variety of physical and emotional reactions in various phases of the disaster process. They basically need to be reassured that their reactions are normal and common in people subjected to a severely stressful event. Survivors also need to be informed that these reactions are usually temporary and no cause for real concern; nor do they call for special assistance, other than occasional reassurance and supportive discussion(2, 43, 351).

Thus one of the major response goals of PS planners and workers is to provide victims with concrete, reality-oriented approaches and services that emphasize:

- information about normal reactions to stressful events;
- education about ways to handle these reactions (stress coping skills);
- early attention to reactions in order to speed recovery and prevent long-term problems.

5.2.2 Encourage Positive Thinking

In helping disaster survivors, workers should have an attitude of confidence and positive expectations of recovery. If emotional reactions and feelings of helplessness are given undue attention, expressing the attitude that the people have serious problems and may require prolonged help, this may merely encourage them to adopt a helpless attitude. Accepting people's feelings, reactions and behaviour as the expression of a normal short-term reaction to stress will facilitate their return to prior levels of independent functioning(43, 215).

5.2.3 Avoid Mental Health Labels(351)

Many people still think of references to mental health as implying "crazy" or "abnormal." Some will refuse help if it is identified in any way as mental health assistance. It is therefore essential, in the early phases of a disaster, to avoid terms that imply mental health problems, such as therapy, psychiatric, psychological, neurotic, and psychotic. Use words such as stress, emotional reaction or feelings.

People reacting to the effects of a disaster tend to have little patience with implications that they are in need of psychiatric treatment. Most disaster survivors are normally functioning people who are under temporary emotional stress. The procedures in dealing with them are, and should be, different from those used in dealing with severely disturbed persons. However, some people may show disturbed emotional reactions and adjustments, particularly in later phases of recovery. Formal mental health assistance is more easily introduced and adopted at this later date.

5.2.4 "Survivors" or "Victims"

Individuals affected by a disaster resent being called "victims." For them the word victim has negative connotations. It evokes images of helplessness, hopelessness, depression, of "giving up." In their minds, a victim, as Figley states, is someone who says "I can't do it because of what I went through"(78). The word "survivor," on the other hand, has positive overtones of resourcefulness, competence, independence and self-esteem; of confidence that the disaster is one more crisis to be met and overcome. Again, as Figley explains, the survivor is one who says "I can do it because of what I have survived"(78). The word survivor reflects the determination to clean up, restore and rebuild lives, homes and communities. Most people affected by a disaster are survivors(78, 202).

5.3 Helping Survivors Cope With Immediate Reactions

5.3.1 Emotional Reactions to Acute Stress

Disasters such as tornadoes, earthquakes, fires, flash floods and explosions are massive stressors that produce multiple reactions in survivors. Victims' emotional responses to imminent death, near misses, physical injury, separation from loved ones, and destruction of property are intense, acute and normal(226).

As explained in Chapter 3, typical emotional reactions during the acute phases of a disaster (warning, impact, inventory, and rescue) can include intense fear and anxiety, horror, shock, numbness, denial, anger, feelings of helplessness, hopelessness, and vulnerability, of isolation and abandonment. Others may experience euphoria over having survived(105).

5.3.2 Normal Coping Responses to Acute Stress

Any unexpected and violent threat to life will automatically trigger normal coping responses. Denial and shock, also described as dazed disbelief, numbness, stupor, apathy, are two basic coping responses that have protective value because they prevent individuals from being totally overwhelmed by their feelings of helplessness and vulnerability. They both act as "buffers" or "shock absorbers" between the person and the harsh and painful reality. Denial and shock allow individuals to slowly process the intense emotions triggered by the event and gradually adjust to the sudden and massive changes in their lives. The reactions also help people to keep functioning until the emergency is over(91, 102, 139).

5.3.3 Psychological First Aid

Even after the danger has passed and survivors are safely away from the disaster site, they continue to experience strong emotional reactions. The immediate task of PS workers at reception centres, hospital emergency rooms, morgues, and other operational sites is essentially to reduce the intensity of survivors' stress reactions by(158):

- providing emotional support and comfort;
- allowing individuals to express their feelings and slowly gain control over the strong emotional reactions triggered by the disaster; and
- helping them understand and cope with the reactions they are experiencing.

Summarized below are basic psychological first aid measures that crisis intervenors suggest in the immediate aftermath of a disaster(43, 225, 269, 318, 371):

Do:

- establish contact with victims in a calm, gentle, and reassuring manner;
- protect temporarily dazed or confused persons from further harm. Orient them to what has happened, where they are, and what will happen next. Reassure them that they are safe. Stay with them until emotional reactions and responsiveness to their environment return. The lowering of tension, the ability to start thinking clearly, the realization of what has happened, and a desire to do things on their own are signs of crisis resolution. Involving persons who are temporarily confused in purposeful activities helps to redirect their attention, encourages self-control and aids their return to a normal level of functioning;
- reunite families as soon as possible by linking survivors with the registration and inquiry service. Keep families together. This will help decrease separation anxiety;
- provide comfort and reassurance by gently touching, holding, or quietly sitting beside persons who are anxious or upset. Assure them that they are experiencing normal stress reactions and that it's OK to feel this way under the circumstances. Emphasize the temporary nature of their reactions. Knowing that they are not "going crazy" and that their reactions are normal and short-lived is reassuring and promotes recovery;
- provide physical rest and care. A brief rest with attention to physical needs such as clothing, food, safe and warm lodging, and treatment for minor injuries or physical complaints is comforting and promotes recovery. The physical and emotional support provided by the community immediately after a disaster meets a basic but temporary need of survivors to be "cared for" and to have their painful experiences and needs recognized by others in the community;
- be prepared to listen to what people say they are feeling and have experienced. A simple opening statement such as "Tell me what happened" or "It must have been very frightening" will usually initiate responses, which should be listened to with genuine attention, empathy, and acceptance. When the person begins talking, interrupt as little as possible. The opportunity to speak freely about their feelings helps people to relieve the anxiety associated with the experience, gradually regain power and control over their feelings of hopelessness and helplessness, and return to a previous level of stability. Talking about their fears or life-threatening experiences provides an opportunity for individuals to reconstruct the event and slowly master it. Survivors may need to talk about what happened over and over again in the days and weeks following the event. This compulsive verbalization is an example of re-enactment, of the repetition that allows individuals to work through their feelings – whether of fear, helplessness, hurt, or anger – and gradually master them(139).
- Often a caregiver's compassionate attitude, active listening, or sympathetic silence are all a survivor needs. Sometimes acknowledging what the person might be feeling can be deeply comforting. For example, statements such as "you must have felt helpless" or "it sounds as if that was terrifying" are helpful because they acknowledge the survivors' painful experiences and validate their reactions. With this help they can gather the strength to begin to cope.

Don't:

- shake the person;
- suggest that the reactions are abnormal;
- order the person to "snap out of it";
- offer false reassurances. Comments such as "everything is OK" or "time will take care of it" tend to cut off communication because the survivors feel that you do not understand the pain and grief they are experiencing. Expressions of pity such as "Oh you poor thing" or "I feel so sorry for you" can also turn people off rather than expressing empathy.

5.3.4 Drugs and Alcohol

Drugs should not be given to suppress emotions that need to be worked through. Drugs should only be provided on the advice of medical personnel. Alcohol has a depressive effect and should be avoided(242, 277).

5.3.5 Media Coverage

During the emergency phases survivors' anguish, grief and terror quickly become the subjects of media attention. Survivors need privacy at this time, so they can work through and gain control over the strong emotional reactions triggered by the disaster. During this phase the needs of the media run counter to the needs of the survivors. Media scrums where survivors have to face flash bulbs, microphones, cameras, and reporters can add to the emotional overload at a time when decrease in input is essential(189, 291).

It is important, therefore, to encourage contact between media and survivors that produces sensitive coverage of the human impact of the disaster, respecting the vulnerability, privacy and confidentiality of survivors. Having reporters select one or two representatives from each medium to interview some survivors and then pool their information is one way of resolving this sensitive issue. Interviewees should always be consulted before arrangements are made with the media(103).

5.3.6 Referral

If you are concerned about the intensity or duration of a person's reactions, refer the individual to medical or mental health specialists for help.

5.3.7 Follow-up

The name, emergency address and disaster-related needs of each survivor should be recorded to facilitate follow-up by outreach workers who will provide ongoing support services.

5.4 Helping Survivors Cope With Short- and Long-term Emotional Reactions

After an initial period of shock, disbelief, and disorganization, most survivors begin to feel a need to "get back to normal." However, the process of emotional recovery and adjustment to such a severe stress may take from several months to a year. For a small minority of survivors, recovery may take several years(14, 38). The disaster literature indicates that the survivors most likely to experience strong and long-lasting emotional reactions and therefore to require ongoing emotional support are those who(29, 190, 306):

- had one or more immediate family members killed;
- experienced a high level of life threat or were seriously injured;
- suffered serious financial losses – home, business, job;
- had recently experienced stress due to death, divorce, separation, illness;
- lost their systems of social and emotional support (family, neighbours, and other social groups) as a result of the destruction or relocation.

In the weeks and months following the disaster, survivors will express a range of emotional reactions. They may be linked to the disaster event itself or to the daily problems of recovery: relocation, settling insurance claims, locating a reliable builder, or seeking compensation. Typical reactions include fear and distress, intrusive thoughts and nightmares, grief, anger, guilt, depression, loss of sense of invulnerability, and various health problems.

This section describes these common emotional responses and offers suggestions for helping survivors work through these feelings.

5.4.1 Fear

Fear is one of the more immediate and lingering emotional reactions experienced by disaster survivors. They fear a recurrence of the event that threatened their lives and those of their loved ones, making them feel totally helpless and vulnerable. This reaction may be cued by sights, sounds, smells, or other stimuli somehow reminiscent of the incident. Flood victims, for example, may be unable to sleep when it rains because they are afraid that raging water may carry away their home as they sleep. Tornado survivors will often seek shelter in their basement at the slightest hint of a thunderstorm. Victims of a recent natural gas explosion maintained a vigil night after night, convinced they could smell natural gas in their homes(138, 183).

The fear of recurrence is a *normal reaction* that will usually subside as time passes. However, some people become sufficiently anxious that their concerns interfere with their day-to-day life. Much can be done in the immediate post-disaster period to relieve these fears and prevent their continued self-reinforcement(29, 345).

(i) Coping Strategies

Mental health workers, public health nurses, and social workers found the following techniques helpful in assisting survivors of tornadoes (Dufferin and Simcoe Counties, Ontario, 1985) and a flood (Perth-Andover, New Brunswick, 1987) to manage storm-related anxieties:

1) Understanding the dynamics of fear
Explaining to survivors that fear is a *normal adaptive reaction*, indeed a life-saving emotion, can be reassuring to them. They may find it helpful to understand the role

that fear plays in mobilizing personal resources to protect them when danger is close at hand. Survivors need to realize that fear is not a sign of weakness; it can be used to exercise caution, be alert and mobilize strength(310, 311).

2) Relaxation techniques

Fear triggers a series of physiological responses – racing heart, shakiness, sweaty palms, dizziness, weak knees – that have survival value. Such reactions prepare us to face or escape a danger. As noted earlier, however, people who have lived through a flood, tornado, fire, or blizzard may find that non-threatening weather patterns such as a heavy rainfall or snowfall, strong winds or a hot day trigger responses similar to those experienced during the disaster. These people can be taught a series of relaxation or coping techniques that will help them to manage the stress. Instead of focussing on danger, which tends to make them feel weak, helpless and out of control, these coping techniques focus on their ability to respond to the situation and thus feel more balanced and in control.

- *Deep breathing* is a simple but effective coping technique because it helps people take their minds off the stressful situation, lowers blood pressure and increases oxygen intake. It thus helps reduce tension and increase relaxation and control.
- *Self-talk* is how we describe and interpret the world or specific events to ourselves. If the self-talk is realistic and accurate, a person generally functions well. If it is irrational or untrue, as is the case when someone interprets moderate weather conditions as being life-threatening, the person will experience stress and emotional discomfort.

  Survivors can learn ways to encourage themselves in difficult situations by giving themselves positive instructions or talking through an event. Saying to oneself that "It's normal to feel anxious, to feel weak. It will go away" or "I'm normal! Having these feelings is OK even if they are uncomfortable," are positive ways to deal with one's fears, to regain control, and to get back on track. Survivors need to give themselves permission to feel various things and accept them as normal(310, 346).

- *Refocussing* is the mental technique of putting what hurts or is unpleasant (thunder, rain, wind, fears) in the background and replacing it with something more pleasant (a relaxing scene, an enjoyable pastime, music). Refocussing the mind helps people move from a state of anxiety to a state of relaxation, comfort, calm and control.
- *Talking* about emotions helps banish them. Talking to family members, friends and colleagues can help reduce emotional intensity, define the feelings and clarify them. As people talk, they tend to feel more and more in control of their emotions.
- *Information gathering* is another way to cope with fears of recurring disasters by developing the ability to recognize dangerous weather signs. Learning about how tornadoes form, for example, and of safety measures to take when a tornado threatens can increase a person's sense of security and control. Speakers from Environment Canada are available to explain severe weather conditions to groups and provide suggestions on personal safety(298).

3) A family emergency plan

Being prepared for future emergencies by developing a family emergency plan is an excellent way of reducing feelings of anxiety and helplessness, increasing self-confidence, and gaining peace of mind. A family's emergency plan should include the following(46, 345):

- knowing how best to protect themselves in case of a fire, flood, thunderstorm, tornado, earthquake or other emergency;
- learning survival and first aid techniques. At least one person per family should take a standard first aid course. Prescriptions or essential medicines must be kept at hand in an emergency;
- keeping on hand an emergency survival pack consisting of such essential items as a battery-powered radio, extra batteries, a flashlight, bottled water, canned food, a first-aid kit, personal toiletries, important family records, a non-electric cooking unit and a safe and adequate supply of fuel;
- knowing how to shut off utilities: electricity, natural gas, water;
- knowing and understanding the various weather warnings issued by Environment Canada;
- knowing local school policies on holding or releasing children in the event of a disaster;
- arranging for children to go to an assigned person likely to be in the neighbourhood during the day or to an alternate when this person is away;
- knowing how to reach fire, police and ambulance;

- knowing what to do if family members are killed. Having a will and discussing family business matters with spouse and older children is important;
- knowing the municipality's emergency response plans, and especially how they intend to notify citizens in case of an emergency or during power outages;
- knowing when and how to evacuate or when not to evacuate;
- taking precautions against family separation – identifying ahead of time a family meeting place, deciding on a system of communication, and providing each family member with a means of identification to be carried on them at all times (clothing labels, a wallet card, an identification bracelet or neck chain).

A neighbourhood emergency organization, for example, Neighbourhood Watch, is an excellent defence against any disaster. Arrangements among neighbours to check on families where no one responds, organize rescue and first aid, transport injured or turn off utilities when no one is home can be reassuring.

Anxiety and fear are reduced when family members are knowledgeable and prepared to act in appropriate ways. All family members should be involved in planning for an emergency. *Chances of survival are improved if families set up and practice survival procedures.*

In summary, survivors need to realize that human beings are vulnerable and cannot always control a situation. However, we are not helpless. We can control our responses to a situation by being prepared or by using coping strategies. Survivors can be helped to see their anxiety as a normal part of their reaction to the disaster. They need to be encouraged to develop their own strategies for managing their fears.

5.4.2 Intrusions (nightmares, flashbacks, intrusive thoughts)

Intrusion is a term used to describe the involuntary re-experiencing in one's mind of painful events or feelings that were part of the original disaster experience. They may take many forms: persistent and unavoidable thoughts about the event, anxiety, startled reactions, sudden crying spells, flashbacks. These thoughts can be triggered by some sensory perception or by persons or thoughts. When normal defensive controls are relaxed, as in sleep, the painful reliving of the tornado, fire or flood may also occur. The compulsion to talk about the event over and over again is another form of intrusion(139).

For some survivors, who may have a prolonged period of denial, these intrusive experiences may occur unexpectedly weeks or months after the disaster. Persons who have strong intrusive experiences may think they are losing control or "going crazy." They need to be reassured that these experiences are normal and will gradually lose their strength(346).

Intrusion is a normal adaptive response or "buffer"; it may represent the emotional equivalent of biting off small pieces of the traumatic experience in order to protect the person from emotional overload and feelings of helplessness. It can also be considered a mechanism that allows the individual to cope with and slowly master the impressions and memories of the disaster(269, 346).

Those survivors who continue to experience high levels of anxiety or increasingly disruptive intrusions should be referred to mental health specialists.

5.4.3 Grief Over Losses

Grief over losses is a fundamental aspect of people's reactions after a disaster. Grieving usually refers to the emotional process produced by the loss of an individual important in a person's emotional life(53, 57).

However, the grieving that follows a disaster can be in reaction to not only loss of life but also the loss of material possessions, a way of life or other elements of our emotional well-being(90, 148):

- home, possessions, neighbourhood;
- employment, business, farm, independence;
- sense of community, physical life space, way of life;
- mementos, pictures, family heirlooms, pets.

Grief over lost objects is reflected to some degree in almost every disaster victim. Pictures and family heirlooms are the objects most frequently cited, since these are the family's physical link to its past. Without such reminders, tradition eventually slips into oblivion, and a part of the selfhood of disaster victims passes with it. Thus, caregivers should not be surprised to see grief reactions over such objects that parallel survivors' concerns over a lost person(148).

Disaster victims' sadness over the loss of significant objects is often highlighted in newspaper accounts of disasters:

"We're looking for baby pictures, graduation pictures and antique stuff that came from my grandmother," he said. But one of the couple's most valued possessions – pictures of their children 20 years ago – couldn't be found. "That's the biggest thing I miss," he said sadly. "They're impossible to replace".*

(i) Preventive Grief Counselling and Education Services

Because many of the longer-term physical and emotional problems of disaster victims are due to their grief over losses, grief counselling and education are two important preventive services that PS should provide(148, 306). The objectives of such services would be to:

- promote normal healthy grieving by gently and supportively encouraging disaster victims to discuss their losses(277);
- normalize grief responses by helping victims link many of their emotional reactions to their losses(52).

(ii) Guidelines for Managing Grief Reactions

The process of grieving may range from shock, denial, sadness, through anger, guilt, depression to acceptance and resolution. This section examines some disaster-related grief reactions and issues and offers suggestions on alleviating them(108, 167).

1) Factors that affect a person's response to loss
Although there are similarities in our feelings and reactions to loss, human grief (like human pain) is highly personal. The following factors have been found to influence individual response to grief: the circumstances surrounding the loss, the quality of the relationship with the deceased or object of attachment, age, previous life experience, individual personality, value systems and beliefs, coping style and available social and financial support(186, 285).

2) Normal grief reactions
Physical reactions include loss of appetite, difficulty eating or sleeping and digestive problems. Normal emotional and behavioural reactions include feelings of anxiety, difficulty concentrating, forgetfulness, restlessness, problems with decision-making, feelings of tension, pressure, and depression, sorrow, tearfulness, apathy, nightmares, sleeplessness, loneliness, lack of energy, loss of sexual interest, suicidal feelings, hopelessness, worthlessness, self-blame and guilt. Feelings of anger at the disaster event, God, caregivers, the person who died, or persons who did not experience losses and who don't understand what survivors are going through are also commonly experienced(60, 174, 285).

Relocation is particularly stressful for disaster survivors who then have to cope with additional losses – friends, familiar surroundings or neighbourhood support systems. People who must relocate will require additional support from PS personnel(90).

3) Intensity and length of grieving
The process of grieving disaster-related losses also varies with each individual. The degree of attachment to the lost person, object or life space understandably affects the intensity and length of the grieving process. Some people experience very little grief for a short time; others may grieve for several weeks, months or even years(186, 306).

Those victims who suffer material losses experience varying degrees of grief. Following a recent flood in Perth-Andover, New Brunswick (1987) many survivors felt that since no lives were lost, they were not entitled to grieve for lost material possessions, so they suppressed their feelings.

Outreach workers reassured them that grieving for material losses was a very normal response and that it was important that the victims grieve for these losses in their own way and in their own time(5).

4) Delayed grief reactions
Delayed grief reactions can occur weeks, months, or even years after the disaster. They often surface at Christmas, on a loved one's birthday, or on the

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* The Toronto Star, June 2, 1985, Barrie Tornado.

anniversary of the disaster. When survivors' memories of past experiences are relived, PS workers should ensure that the reactions are acknowledged, supported, and linked to the disaster experience. Family members may also need help in understanding and supporting a loved one's delayed reactions.

5) Giving oneself permission to grieve
Because of the 101 needs that have to be attended to in the first few weeks after a disaster (cleaning up, finding temporary accommodation, rebuilding, caring for family), some survivors may not give themselves permission to grieve. They may feel that they need to maintain their composure, "not lose control," in order to maintain family morale. They may also be discouraged from grieving openly by well-meaning family members, relatives or friends who feel that the family unit needs their sustained effort in order to deal with the crisis(108).

Such people need to be encouraged to give themselves permission to grieve. Information on loss and grieving, and on support measures they can take may be helpful to these individuals and their families.

6) Family support for grieving
Some family members may want to push grieving members into thinking of the future too quickly ("getting on with life") by cutting short their grieving process. This may interfere with the individuals' own healthy recovery process by blocking their grief and may lead to major complications(197, 274).

Families should be seen as a unit, so that everyone becomes involved in encouraging the expression of grief. This is especially important when some family members may have worked through their own grief rapidly, or may not have been present when disaster occurred, and may therefore be having difficulty empathizing with others(190, 198).

7) Crying, sadness
Crying is a normal reaction to loss. It is a natural and positive way of releasing tensions and feelings rather than locking them inside. Understanding that crying and feeling sad are appropriate responses to feelings of loss allows the individual to initiate and continue the grieving process.

Reassure grievers that crying is not a sign of weakness, breakdown, or "falling apart" and that it will not result in disapproval from others.

5.4.4 Anger

Anger, a common feeling after a disaster, is a protest against the senseless destruction of life and property. Anger is also a characteristic reaction of people who feel themselves weakened and victimized by their losses, who feel powerless against the situation(275, 335).

Anger lingers long after the initial disaster impact. Irritability, hostility, rage flare up whenever survivors feel that they are being treated unjustly by insurance adjusters, builders or government officials; when weather delays repair to homes; when it appears that officials will not keep earlier promises; when urgent needs are hampered by bureaucratic entanglements; when compensation does not meet expectations; or when persons responsible for a particular disaster event go unpunished. It is not unusual, therefore, for the angry feelings of survivors to be displaced and directed toward the people around them, family, friends, helpers, government officials, because they are seen as connected to the loss. If the disaster clearly results from human failure, the anger may be more intense and persistent(176, 220, 274, 275).

Do:

- Ensure that feelings of anger are recognized and acknowledged as appropriate and normal under the circumstances;
- Encourage victims to express their anger verbally. If they don't it will fester and become disabling. By showing empathy and support, human service workers provide an atmosphere conducive to this ventilation. This will help reduce the excess emotion that interferes with constructive handling of the causes(275);
- Organize self-help groups that can help victims identify feelings and allow their expression in a safe environment;
- Help survivors move beyond anger to positive action. Public meetings or information sessions can provide a constructive opportunity for victims to channel their anger and resentment.

  This process is important because it encourages those who are bitter to vent their anger and move on with their grieving. In some disasters, the formation of action groups to press for financial assistance, advocate changes in policies or laws, or initiate court action has allowed disaster victims to demonstrate strength, thereby reducing their anger and sense of helplessness. The importance of public meetings and community action by survivors is evident in the following accounts(220, 335):

"Another public meeting was held on April 14 to explain the Disaster Financial Assistance program. More than 500 Perth-Andover residents attended this meeting at which the Province of New Brunswick made a commitment of $11 million to assist in the recovery of homes and business. This meeting was an emotional one. It was the first opportunity flood victims had to vent their anger and frustration at government officials. Some residents claimed the flood was aggravated by the Beechwood Dam (located downstream) operated by the New Brunswick Electric Power Commission, a provincial agency. Others claimed they had not been given sufficient advance warning by officials of various orders of government. (...)

"But the citizens of Perth-Andover didn't wait for government to take care of them. Just two weeks after the second public meeting, they began forming their own committees to address their needs.

One committee, known as the Flood Victims Assistance Committee, was founded by the town's clergy. It was this lobby group's persistence that brought about the Community Outreach Services Program, set up on May 28 by the provincial Department of Health and Community Services.

One social worker and a psychiatric nurse were hired to administer exclusively to the needs of flood victims, five days a week. In addition, a help line was set up in the office, with community volunteers staffing the telephone."*

Do Not:

- Block the expression of anger. Although anger is upsetting to others, comments such as "you must not be angry, there's nothing you can do" are not helpful. They only serve to bottle up a person's angry feelings(275).
- Respond to anger with anger, or become the target of anger;
- Comment on the rightness or wrongness of anger, but merely reassure persons that you understand the intense anguish involved(274).

Anger is a powerful mobilizer and can contribute positively to a person's recovery. Anger can motivate people to speak out, to demand redress, to take action. Anger can lead people to do more for themselves and help them regain a sense of control over their lives.

5.4.5 Guilt

Survival guilt is a strong and common reaction observed among survivors of a disaster. Many people are distressed because they(60, 274, 342):

- feel relieved that it was the other person and not them who died;
- survived while close relatives and friends perished;
- feel they had not done enough toward saving others during the disaster ("Why couldn't I have held on?" "Why didn't I evacuate them sooner?");
- feel that they behaved poorly while the deceased was alive.

The opportunity to talk about and confront directly these natural human reactions with someone who is understanding and shares the same feelings is of great value. The knowledge that such feelings occur with most people provides a sense of acceptance that permits the survivor to get on with life and help others who have been less fortunate(351).

Do:

- Encourage guilt feelings to be brought out into the open.
- Reassure survivors that they did the best they could, especially if the disaster struck without any real warning. Any analysis of what could or should have been done is not helpful.

Do Not:

- Provide a blanket reassurance about guilt; let the person discuss his or her own particular guilty memories or feelings(274).

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* "Outreach: Treating the Hidden Wounds of a Springtime Disaster", by H. Sydney Alchorn and Helen Jane Blanchard. Emergency Preparedness Digest, Vol. 15, No. 2, 1988.

5.4.6 Depression

Once the reality and long-range implications of disaster losses sink in, they can cause worry, depression, and change in life-style. Some people, for example, may try to take on extra jobs to augment their incomes, thus increasing stress and fatigue. Others may have trouble finding work, causing serious hardship and worry(345).

Recovery concerns and hardships will be reflected in the survivors' moods and feelings. Sadness, withdrawal, disorganization, weariness, depression, frustration, loss of interest in building activities or friends are some of the many feelings associated with adjusting to losses.

Do:

- Link people's depressed feelings to the reality of their disaster losses and the difficult process of recovery and adjustment;
- Reassure them that their reactions are normal;
- Encourage people to talk openly about their losses;
- Help family and friends to recognize these depressed reactions as being grief-related, especially if the family experienced material losses only.

(i) Other Helpful Activities

The following suggestions may be helpful to disaster victims on their particular road to recovery(345):

- Taking "time off" from cares, worries and home repairs. Going to the movies, taking time for recreation, relaxation, or a favorite hobby. Getting away from home for a day or a few hours with close friends can help;
- Engaging in physical activity not directly related to the disaster: running, walking, exercise;
- Paying attention to their health; especially having a good diet and adequate sleep. Stress reduction or relaxation exercises may help those who are having difficulty sleeping;
- Being prepared for future emergencies;
- Being kind to oneself and others. Easing up on expectations. Doing something especially enjoyable on rainy days or evenings to begin replacing fears and sadness with more pleasant associations: building a fire, making tea or popcorn or a special treat, spending close time together with family or friends, playing a game or reading aloud.

5.4.7 Loss of Sense of Invulnerability

One of the most common psychological reactions to a disaster is the loss of a person's sense that the world is benevolent, controllable, and fair and that as long as one acts as one should, nothing untoward will happen. A disaster attacks these deeply held beliefs. Suddenly all the world seems malevolent; people lose the sense that the world is safe for them and that they are worthy of that safety(115, 243).

Reactions to this loss are comparable to those experienced by people whose homes have been robbed or vandalized or by women who have been raped. The feelings may include anxiety, mistrust, humiliation, loss of self-esteem and self-worth, fear of recurrence, insecurity, a feeling that one's privacy has been violated, anger and grief.

Being able to talk about these reactions with others who share them is helpful. The knowledge that such feelings occur with most people provides a sense of acceptance. Newspaper articles on the topic may also bring relief(345).

5.4.8 Relocation

Certain disasters (floods, tornadoes, fires) may destroy or seriously damage hundreds of homes in a neighbourhood or community. Victims of such devastation often have to leave their home, neighbourhood or community until they are repaired or rebuilt. Those who relocate have to cope with the additional losses of friends, familiar surroundings and neighbourhood support networks. Temporary accommodation with friends or relatives, or relocation to mobile homes may also add to their distress. Everyday life may become strained after a few weeks due to overcrowding, lack of privacy, disrupted family routines, or delays in reconstruction. Prolonged crowding can lead to irritability, marital and family strife, depression, and longing for the previous routines and way of life. Relocated survivors will need additional support and understanding from PS workers(90, 269, 323).

PS workers can help by(183, 269):

- informing survivors of potential emotional reactions and stresses;

- organizing drop-in programs, recreation activities and self-help groups for children, adolescents and adults;
- bringing relocated peer groups together;
- ensuring, if survivors are relocated to mobile trailer parks, that officials setting up trailer spaces respect previous neighbourhood residence patterns. Having familiar neighbours to talk things over with or to share babysitting and other social resources is emotionally reassuring and supportive.

5.4.9 Health Problems

In the months following a disaster, survivors' physical health may suffer as they endure the long-term stress associated with rebuilding their homes and their lives. Headaches, stomach or intestinal problems, bladder trouble, high blood pressure, heart problems, frequent colds and viruses, and increases in allergies, have been reported during the recovery period. It is important, therefore, that health and human service workers be aware of the prolonged effects of the disaster on people's physical health so that individuals who are at risk can be identified and preventive programs initiated(213, 314).

PS workers involved in outreach programs should enquire regularly about the survivors' physical well-being. People who express concerns about their health should be encouraged to visit their doctors.

5.4.10 Secondary Disasters(112)

After a major disaster, a few unsavoury "fly-by-night" individuals and companies may converge on the disaster area and offer their services to survivors. Since local builders may be in short supply, survivors may, out of desperation, hire one of them. Some of these companies may demand a large advance and then skip town, or may partly build the home and then leave without paying subcontractors.

Survivors who are cheated by these "scammers" may lose a major part of their insurance money. Recovering money from the contractors can take years. Having been forewarned and then falling prey to these unscrupulous contractors can lead to a loss of self-esteem and personal distress. Survivors who have been so victimized may not recover to previous standards of living for several years and feel isolated from normal recovery activities. These persons require ongoing support and assistance.

5.4.11 Problems-in-living

Research has indicated that many emotional problems, such as depression, anxiety and feelings of helplessness, result from problems-in-living and not from personal reactions to the disaster or from poor coping skills(323, 332).

Problems-in-living can include:

- squabbles with insurance adjusters over losses;
- uncertainty about insurance coverage;
- obtaining bids for construction or repairs;
- finding a reliable contractor;
- reconstruction strains and delays (weather, shortage of material, labour);
- the discomfort and lack of privacy of having to live in trailers, damaged homes, motels or with relatives;
- relocation;
- trailer living, which can increase storm anxieties when it rains or is windy;
- interruption of family routines;
- family and marital problems;
- need to borrow money because of insurance shortfall;
- waiting for the disaster relief funds to decide if they will pay for a home, or furniture, if the survivor is uninsured; and
- dealing with the emotional reactions of family members.

Disaster research indicates that the problems considered most serious by disaster victims are housing, unemployment, transportation, family difficulties and legal aid(332).

Sally Leivesley, an Australian disaster researcher and worker, emphasizes the importance of meeting the concrete needs of victims in order to alleviate their physical and emotional responses when she states that:

"Disaster welfare planners should be particularly sensitive to the degree to which emotional disturbance after a disaster can be alleviated by practical help with the damage. This is more useful in changing the emotional state of the victim than is emotional support unaccompanied by practical intervention."*

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* "Toowoomba: Victims and Helpers in an Australian Hailstorm Disaster," by Sally Leivesley. Disasters, Vol. 1, No. 3, 1977.

5.4.12 Delayed Reactions

Most of the emotional reactions described in this section may begin any time after the occurrence of the disaster. In many persons, the reactions begin hours or days after experiencing the critical stressor. However, in some cases, the fullness of loss and resultant reactions may be delayed for weeks, months and even years. Delayed reactions, as noted earlier, may be triggered on anniversaries of the event, by other life stress events such as death, divorce, injury, by sensory cues such as smells, sounds or vision of similar events. Reactions experienced months or years after the event can be intense and confusing for the individual and family members. PS workers should inform survivors who have experienced few emotional reactions about possible delayed reactions. Quarterly visits by outreach workers to survivors who initially report that "everything is fine" ensure that those who do experience delayed reactions within the first year after the disaster receive appropriate emotional support(153, 366).

It is important for PS workers to be aware that some survivors may not experience any emotional reactions or may be able to work through their reactions within a few days or weeks. PS workers need to reassure survivors that it's okay not to experience any reaction(346).

5.4.13 Adjustment and Acceptance

Disasters are crisis events that severely affect people's lives. But as with other life crises, most survivors gradually recover from their experiences even though painful memories remain. For many survivors, the disaster event will have been an opportunity for personal growth. Part of this growth process will be finding new sources of meaning in their lives, accepting their own vulnerability or mortality, reordering their life priorities, developing feelings of strength, self-assurance, independence, competence and mastery in the face of overwhelming adversity, and experiencing an increased closeness with family members and friends, and a greater appreciation of their community's generosity and support(86, 158, 309).

Some individuals, in contrast, are unable or unwilling to accept their victimization and to integrate it into their life experience. They remain bitter because of unresolved conflicts or remain emotionally disabled because of unresolved grief. These persons will require emotional support over a prolonged period; perhaps for their lifetime(318).

Chapter VI

Elderly and Disasters

6.1 Vulnerability of the Elderly in Disasters

Disaster research has established that the elderly are a vulnerable group who require special attention and services prior to and following a disaster. Health, financial and social status, isolation, lack of coping resources are but a few of the many factors which may increase the needs of the elderly following a disaster(176, 332).

This chapter offers practical suggestions to help communities develop appropriate emergency plans for their elderly citizens and to alert emergency social service planners and workers to some of the more common disaster-related problems and needs experienced by the elderly.

6.2 Planning Considerations and Guidelines

The first task in planning emergency services for the elderly is to rid ourselves of stereotyped images we may have about them. The majority are not frail, sick, confused, inactive, dependent and so on. They are an independent, resourceful group who want a voice in identifying their own needs and planning the services to meet them(305).

6.3 Problems Prior to Disasters

Research shows, however, that some elderly do experience serious problems before a disaster strikes, for example(4, 19, 150):

6.3.1 Warning Information

Sometimes the elderly do not receive warning information of impending or actual disasters because they are often outside warning networks such as civil defence sirens or informal networks of relatives and friends. If the elderly live in an isolated location or have physical disabilities such as deafness, it is impossible for them to hear warning messages.

Even if the elderly hear the warning signals or messages, they may be unable or unwilling to evacuate or take protective measures for various reasons.

(i) Lack of Ability

Physical or mental disabilities, confinement to a wheelchair, blindness, deafness, poor locomotive skills may reduce their ability to evacuate or take precautionary measures.

(ii) Lack of Resources and Information

Some elderly may not have the means of transportation necessary or physical assistance to evacuate. They may also lack knowledge as to where to evacuate, how to protect themselves or where they might seek further information about the impending event.

(iii) Resistance to Evacuation

Some elderly may resist evacuation because they are attached to familiar surroundings, objects, pets; distrustful of strangers; afraid to leave their home unoccupied for fear of being robbed; or unable to properly evaluate the severity of the threatening situation.

6.4 Planning Measures Before a Disaster Strikes

6.4.1 Determining Who Are at Risk

Since the majority of elderly can cope on their own, it is important that Personal Services planners identify and follow up on the warning, evacuation and protective needs of those at risk. These include persons(4, 150):

- more than 75 years of age;
- living alone and/or socially isolated;
- with locomotive problems;
- recently bereaved (within the last two years);
- recently discharged from hospital;
- who have recently changed dwellings;
- who are incontinent;
- who are mentally confused;
- living in areas where there are heavy concentrations of the elderly: e.g., nursing homes, housing projects, special care facilities, and single room occupancy hotels.

A *register* listing the names, addresses, and physical limitations of the elderly in the community considered to be at risk could be compiled and updated regularly(352).

Emergency plans would also include means for direct notification of those at risk as well as a means of evacuation either by police, firemen or volunteers.

If a sudden evacuation of an area of a community is required, a pre-planned map pinpointing residences of elderly who are at risk will ensure a more prompt and accurate response.

6.4.2 Alerting the Elderly

Because of the sensory problems of many elderly, routine media warnings of an impending disaster or need to evacuate may not be sufficient. Prior contact with the media is necessary to discuss and suggest appropriate additions to their warning systems to compensate for hearing or vision losses common to the elderly. For example, as part of their warning messages, the news media could advise listeners or viewers to warn elderly near their homes of an impending emergency and assist them in evacuating or taking protective measures.

6.4.3 Liaison Role

Senior organizations or agencies responsible for emergency planning for the elderly should establish liaison with the local Emergency Social Service organization that maintains contact with emergency measures personnel responsible for monitoring an impending emergency. All these organizations can then work together to ensure a co-ordinated approach to emergency response planning.

6.4.4 Community Resources

The elderly or agencies working with them may also want to draw up a pre-disaster list of public and private agencies who could provide the elderly with financial and material assistance after a disaster strikes. Such information would list the name, location, phone number, hours of operation and services offered by each agency.

6.5 Immediate Help After a Disaster Strikes

6.5.1 If Evacuation is Necessary(19, 352)

- Rescue personnel, police or volunteers should contact immediately all elderly residing in the disaster area who are at risk;
- Elderly persons will require evacuation assistance and transportation to reception centres or other temporary shelters;
- If possible, reassure them that their home and possessions can be left unattended and will be safeguarded by police or emergency measures officials. (Evacuation and care of pets may also be included in the emergency plan);
- Remind the elderly to bring all their medication, not just pills. Eye drops, inhalers, antacids, nitroglycerine tablets are sometimes forgotten in the rush. Other items such as mobility aids, hearing aids, and false teeth should also be brought along to ensure independent functioning;

- Rescuers and evacuation personnel should be informed of the special health problems involved in moving the frail elderly, relocating them to reception centres or other facilities and providing them with health care services.

6.5.2 Repairs to Home

Immediate repairs may be required to protect property against further damage, especially from the weather: for example, repairs to roof and windows, repair or reconnection of utilities, sandbagging homes to prevent flooding. These needs are especially pressing for those who may not have the physical capacity or dexterity to complete these repairs on their own(176).

6.5.3 Care of Elderly at Reception Centres(19, 200)

- provide emergency lodging as close to the neighbourhood as possible;
- allocate Personal Services staff for the reception and care of the elderly;
- assist those who may be temporarily upset or confused;
- reorient them to present circumstances by informing them about what has happened, where they are now and what will happen;
- have them relate what happened so they can verbalize their thoughts and feelings;
- provide as much privacy and comfort as possible;
- establish regular meal schedules and routines;
- enlist their aid for the care and feeding of children.

Note: Reception Centres should be easy of access for the elderly or disabled: e.g. have no stairs or have an elevator.

6.5.4 Intake, Referral, Follow-Up

Establishment of these services will ensure that ongoing information and assistance can be provided to the elderly in the weeks and months following the disaster.

An outreach program should be organized to seek out the elderly who have remained at home or have not reported to reception centres.

6.6 Short-term Help After a Disaster Strikes

6.6.1 Assistance with Clean-up

Seniors may need help to clean up their property and remove debris. Care should be taken to allow plenty of time to sort belongings that can be salvaged. Victims should be present during clean-up operations, if possible, to prevent the discarding of personal valuables and keepsakes that might be viewed by others as useless. This will also prevent thefts(352).

6.6.2 Storage

Some elderly may need help to relocate temporarily because of major damage, and will need storage space for personal belongings. For example, after the May 1985 tornado in Barrie, Ontario, a cartage and storage firm provided eight trucks and 50 workers and assembled storage boxes in front of damaged homes. The workers packed each homeowner's salvaged possessions in boxes, then sealed, labelled and carted them to the company's warehouse for storage.

6.6.3 Insurance Claims

Consult page 71 for information on insurance claims and the elderly.

6.6.4 Repairs

Consult page 71 for suggestions on how to help the elderly avoid being victimized by unscrupulous repairmen and contractors.

6.6.5 Utility Restoration

The restoration of utilities – water, heat and electricity – to the elderly should be a priority.

6.6.6 Relocation

Sudden and frequent changes in location may cause the elderly to mourn when close friends, relatives, familiar surroundings and favourite belongings are left behind without much promise of future contact. To help reduce the negative impact on the elderly, every effort should be made to relocate them in their previous homes or neighbourhoods where informal support networks (neighbours, mail service, church and grocer) provide care, reassurance and feelings of security(54, 305).

Agencies should attempt to achieve permanent relocation for the elderly while minimizing the number of moves. The sooner the elderly are housed and routines restored, the earlier their recovery(51).

It helps the elderly confront and work through their disaster and relocation-related problems when they:

- participate actively in the pre-relocation decision-making process;
- communicate their thoughts, feelings and ideas regarding the move;
- discuss with relatives and friends where and when they will move and the benefits of the new surroundings;
- are offered several options regarding possible relocation sites, visits to the new location and neighbourhood;
- find a new location that allows them access to familiar services and public transportation, shopping, churches and activities related to their age group;
- receive support and reassurance from friends and relatives in helping them overcome apprehension and ambivalence regarding relocation;
- visit their previous neighbourhoods and friends.

Following a disaster, children, relatives and even workers may pressure the elderly into making decisions regarding relocation or the disposal of possessions and property that the elderly may later regret. While helpers can provide information on the pros and cons of decisions and offer choices and alternatives, they should not decide for the elderly(19).

6.6.7 Emotional Reactions

Most elderly persons demonstrate resilience and fortitude in the face of disasters because they have experienced illness, death of loved ones, or perhaps separation and divorce. Disaster literature indicates that the elderly tend to recover more successfully and more readily within a one-year period than other age groups(141). However, because some elderly do experience emotional reactions and stress, intervenors in disaster areas should be prepared to identify and assist individuals who experience brief reactions of depression, confusion and disorganization in the weeks following the event, or a sense of helplessness, despair and depression when confronted with the tasks of rebuilding their lives(89, 210).

Anxiety, depression, fear, anger, guilt, grief are normal and appropriate emotional reactions that can be anticipated. This is their way of expressing concern about the future, loss of physical health, familiar roles, social contacts, financial security. They want to maintain a sense of independence, a certain degree of control over their lives and environment.

Anger, in particular, can be expected as it is a way of striking back at the cause of the injury. Unfortunately the pent-up rage may be directed at children, relatives or relief workers. This misdirected anger should not be viewed with alarm as it is a natural response to pain and frustration and helps the elderly to work through their losses(116, 305).

Grief is also to be expected and the elderly should be allowed and encouraged to mourn their losses. Intervenors should be sensitive to this need for grieving and should keep a watchful eye on concerned children or over-solicitous relatives or workers who often attempt to circumvent the grieving process(141).

The grieving process may express itself in the following forms(19):

- forgetting to take their medication;
- not eating;
- being unable to decide what to do;
- having a fixation on the disaster.

Sometimes the initial reaction of the elderly is that "everything is fine," but this may turn out to be a false sensation and they may need assistance to work through their losses. This is where Personal Services workers can play a key role by listening attentively to the elderly talk about what happened to them and how they reacted(19, 30).

6.7 Providing Emergency Social Services to the Elderly

6.7.1 Aggressive Outreach Programs

Because some elderly are reluctant to seek aid, emergency social service agencies in past disasters have organized aggressive programs to contact the hard-to-reach elderly -- those who are isolated, who live in rural areas or single room occupancy hotels in urban areas or who have suffered serious damages to their home and have not sought disaster aid(29, 129).

6.7.2 Locating Elderly Disaster Victims

A list of elderly persons affected by a disaster can be drawn up by contacting organizations or persons who have regular contact with the elderly: churches, senior organizations, mail service, neighbourhood stores, and public health nurses(259).

6.7.3 Delivery of Services

Delivery of emergency social services to the elderly may be facilitated by pinpointing on a map the homes of those who have suffered disaster losses.

Volunteers should be assigned on a geographical basis; for example, one or more volunteers could look after the elderly in a specific block area. This allows volunteers to deal on an ongoing basis with the same groups of elderly, developing a relationship of trust and assuring continuity of services. This approach also ensures that all elderly receive services(11, 352).

6.7.4 Avoiding Welfare Image

To escape the welfare stigma or image, services to the elderly could be provided under the sponsorship of church groups, senior organizations or the municipality.

The elderly should be informed that services and financial aid have been paid for by their taxes, that they have a right to them, and they are not depriving others(141).

6.8 Training Volunteers to Work With The Elderly

Volunteers can benefit from a short training session on how to work with the elderly. The wise volunteer will act as an advocate for the elderly and assist with post-disaster recovery.

Other important functions of the volunteer in assisting the elderly include(4, 44):

- assessing damages and personal needs;
- arranging homemaker services, meals-on-wheels, transportation to disaster aid centres, agencies, health facilities, and shopping;
- smoothing the way for recovery by a quick telephone call to follow up on agencies or businesses who have agreed to help;
- answering questions simply and avoiding jargon when talking with the elderly will help boost morale.

All of these efforts will go a long way in safeguarding the rights, welfare and dignity of the elderly.

6.9 Consultation

Volunteers, specialists and senior citizens need to communicate with one another on an ongoing basis. Volunteers can benefit from supervision and consultation with specialists who work with the elderly on a regular basis.

6.10 Elderly as a Source of Assistance in Disaster

The elderly are often perceived in a non-helping role, yet in Canada one out of 10 Canadians age 65 and over does volunteer work. The elderly possess emotional, social, educational and spiritual strengths gathered over a lifetime. Emergency social services planners could expand their pool of disaster volunteers by tapping into these resources(4, 44).

6.11 Elderly and Disaster Planning

Most Canadian communities have senior citizen groups or organizations who could assist or even take on the responsibility of developing emergency plans for their age group. Their emergency plans could then be co-ordinated and integrated in the overall Personal Services response plan.

If the elderly in a community cannot take on the emergency planning task or need help in planning, agencies specialized in providing services to the elderly such as the Victorian Order of Nurses, Public Health Nurses, Red Cross, Home-Help Services, and Visiting Homemakers could assist.

Chapter VII

Helping the Helpers*

7.1 Introduction

Disasters can cause extensive death, injury and destruction, and produce widespread community disruption and individual trauma. Emergency workers rush in to rescue, treat and comfort victims. Studies have shown that disasters put extra demands on individual emergency workers that can lead to physical or emotional wear and tear(67, 69, 206). This chapter provides a brief overview of the sources and effects of stress on disaster workers and offers some suggestions on reducing the impact of disaster-related stresses.

7.2 Personal Services Role in Helping the Helpers

As Personal Services (PS) workers may be asked to provide emotional support to emergency workers following a major disaster, they should be familiar with the emotional experiences and needs of emergency workers.

The PS Chief and supervisors should be aware that their own response personnel may be similarly affected and require similar help

7.3 Sources of Stress for Disaster Workers

Disaster workers are subject to three main sources of stress in their work.

7.3.1 Event Stressors

Major events that cause multiple deaths and severe injuries such as airplane crashes, building collapses and explosions are physically and emotionally stressful for emergency workers.

Event stressors can include:

- death or serious injury of a co-worker, particularly in the line of duty;
- death or violence involving a child;
- serious injury or death of a civilian;
- loss of life of a patient or victim after prolonged rescue attempts;
- any incident charged with profound emotion;
- personal identification with the victims or circumstances;
- mass casualty incidents where circumstances are unusual or sights, sounds or activities are distressing, such as the recovery efforts following an airplane crash where there are no survivors and body parts must be collected.

7.3.2 Occupational Stressors

Emergency occupations are also stressful because of the types of work required. Heavy work loads, long hours and the pressure to accomplish difficult tasks quickly are inherent in emergency and disaster work. Occupational stressors can arise from(224, 225, 321):

- *Time pressures*. Especially in rescue and emergency medical situations in which a time limit exists on the victim's chance for survival, time pressures may be great;
- *Responsibility overload*. Especially for those with supervisory or command responsibility, a multitude of tasks, all with high priority, may need to be done simultaneously with no one to whom they can be delegated;

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* Adapted from: U.S. Department of Health and Human Services, National Institute of Mental Health. *Disaster Work and Mental Health: Prevention and Control of Stress Among Workers*, by Hartsough, D.M., and Garaventa Myers, D. Washington, D.C.: Supt. of Docs, U.S. Govt. Print Off, 1985.

- *Physical demands.* Rescue work requires physical exertion, strength, stamina and endurance where hours are long and work conditions adverse;
- *Mental demands.* The work requires good judgement, clarity of thinking, and the ability to make accurate calculations, set priorities, and make decisions in chaotic situations;
- *Emotional demands.* Workers are exposed to traumatic stimuli and victims under stress. They must keep their emotions under control in order to function. They must make painful, life-or-death decisions and work in the presence of anger or fear;
- *Work area.* This can range from low-pressure, such as a staging area, to high-pressure, such as a triage area or morgue;
- *Limited resources.* Lack of personnel, equipment, funding;
- *High expectations* from the public and from rescue response personnel themselves.

7.3.3 Environmental Stressors

- Working in extremes of weather (heat, cold, rain, snow);
- Environmental hazards (toxic chemicals and fumes, wounds, burns).

7.4 Effects of Stress on Disaster Workers

Disaster workers are normal people who generally function quite well under the responsibilities, hazards and stresses of their jobs. At times, the stresses experienced can overcome a person's natural defences. The dam may break, so to speak, and the person is suddenly confronted with a tidal wave of painful events that cannot be handled through ordinary processes of adjustment(346).

7.4.1 Common Stress Reactions as a Result of Disaster Work

Exposure to a stressful event may be manifested in three ways: physical, behavioural and emotional reactions.

(i) Physical Reactions

Physical symptoms are often the first to occur in acute stress situations. They may include:

- increased heartbeat, respiration, blood pressure;
- nausea, upset stomach, diarrhea;
- sweating or chills.

Following an event perceived as highly stressful, physical symptoms, especially nausea, diarrhea and loss of appetite are fairly common.

(ii) Behavioural and Social Reactions

Severe stress may lead to undesirable behavioural and social problems, ranging from short-term and self-limiting to long-term and serious. For example:

- withdrawal from family and friends because they believe their families cannot understand what they are going through or because they want to protect family members from the terrible aspects of the job;
- increased use of alcohol, tobacco or other drugs;
- hyperactivity;
- inability to rest or lie down;
- periods of crying.

(iii) Psychological and Emotional Reactions

Interviews with emergency workers after disasters reveal the following psychological and emotional reactions:

- strong identification with victims;
- sadness, grief, depression, moodiness;
- recurrent dreams of the event or other traumatic dreams (flashbacks);
- apathy, concern for safety of others;
- feelings of helplessness, vulnerability, inadequacy;
- confusion, concentration problems;
- suicidal thoughts.

(iv) Common Stress Responses – PS Workers

PS workers who provide emotional support to families at temporary morgues, who provide financial assistance at reception centres or who have to deal with the pain, anger and frustrations of disaster victims also require emotional support to deal with their own feelings of loss and frustration. Some PS workers reported the following emotional reactions following their involvement with disaster victims(21, 126, 163):

- severe depressions with periods of crying;
- migraine headaches;
- withdrawal from social activities in private life;
- irritation with the trivial activities associated with daily living or with their job;
- feelings of inadequacy and helplessness.

(v) When Stress Reactions Become a Problem

The physical, social, behavioural and psychological reactions just described are *normal and inevitable* given the exposure to such an overwhelming stress event as a disaster. Most often these reactions last for a few weeks or months and gradually diminish with the passage of time, the ability to talk about the event and its meaning, and the support of family and friends. Sometimes, the event may have been so traumatic for workers that the symptoms do not diminish on their own. At home, one sees increasing withdrawal from the family, often culminating in divorce or separation. On the job, decreased concentration leads to errors and increased accidents or injury: it may also be seen in increased absenteeism or sick leave(346).

Persons experiencing reactions that seriously interfere with their work or family life or are life-threatening should be referred for mental health assistance.

7.5 Helping the Helpers

The stress literature has taught us that individuals can learn to manage their stress levels and thereby improve their overall well-being. The following basic guidelines are aimed at enhancing the health and coping mechanisms of disaster workers. Ideally, such a strategy should consist of three parts: prevention, early intervention and follow-up treatment, each of which is discussed below(346).

7.5.1 Prevention

Prevention refers to active attention by the emergency organization to the planning and organizing of work to maximize workers' mental health. It also includes recognition of and planning for the potential impact of repeated exposure to dramatically stressful events. Preventive measures can include:

- Pre-service and in-service training on:
  - stressors and the stress response; stressors likely to occur in emergency work and stress reactions that follow (short and long term);
  - stress management techniques and skills;
  - recognizing one's own signs of stress and how to minimize harsh self-criticism.
- Practice in defining or expressing one's feelings and sharing these with co-workers may help workers to be more sensitive to their own stress levels and more willing to seek help and provide assistance to co-workers(77).
- Physical conditioning for stress prevention should also be addressed in the training program. Exercise, diet, relaxation and recreation, and the maintenance of supportive interpersonal relationships all help to strengthen the individual against stressful experiences.
- Some nonproductive coping behaviours, such as excessive use of alcohol or other drugs, could be discussed in this context.

7.5.2 Minimizing Stress Effects During a Disaster

The following guidelines are suggested for minimizing stress effects among emergency response workers and maximizing performance during a disaster operation(346):

(i) Staff Rotation

Limit workers' time in high-stress assignments such as body removal or morgue work to two hours at a time. PS workers involved in providing grief support to loved ones at a morgue or hospital or who are assigned to telephone help lines should be limited to four hours of work at a time.

If it is not possible to give emergency responders a rest period, rotate them to less stressful assignments.

(ii) Rest Periods

Provide 15- to 30-minute rest periods every two hours. Breaks from the action will help decrease the possibility of injury, fatigue and emotional strain.

(iii) Comfort and Care

On breaks, try to provide workers with the following:

- a place to sit or lie down away from the scene;
- warm food, high protein snacks and beverages, preferably juice;
- shelter from weather, dry clothes;
- an opportunity to talk about their feelings with co-workers or chaplain.

(iv) Emotional Support

If an emergency worker has to be removed from the scene and is sent home, to hospital or to the work place, send someone along to provide support and ensure that family members or health personnel are aware of the circumstances.

7.5.3 Interventions after the Disaster

The major goal of services to workers immediately following involvement in a disaster is to minimize the severity and duration of emotional trauma by helping them to:

- understand and cope more effectively with their own and each other's reactions;
- express these reactions; and
- accept them as normal and as part of the healing process(31, 91).

Unfortunately, there are few opportunities for workers to acknowledge or release anxieties in a meaningful way. After a major incident, emergency workers return to their respective stations, where they may unwind and share some of the feelings they have experienced. This is not enough, as most are reluctant to be perceived as fearful or weak by their peers(346).

Emergency workers are equally reluctant to seek out professional assistance because of the stigma associated with therapy or the possibility of being considered unfit for duty. As well, many counsellors do not understand the nature of the work and the unique culture of emergency workers such as fire, police, or ambulance.

7.5.4 Critical Incident Stress Debriefing

Dr. Jeffrey Mitchell of the University of Maryland, a disaster psychologist, defines Critical Incident Stress as:

"Any situation faced by emergency service personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability at the scene or later...all that is necessary is that the incident, regardless of type, generates unusually strong feelings in the emergency service worker."*

A Critical Incident Stress Debriefing (CISD) is a structured meeting of emergency response personnel involved in a critical incident and facilitated by a trained (CISD) team. The purpose of the debriefing is to:

- lessen the impact of major events on emergency service personnel;
- accelerate *normal* recovery in *normal* people who are experiencing *normal* stress after experiencing highly *abnormal* events or incidents.

The CISD meetings are not "gripe" sessions; nor are they a critique of what happened. The format for the meetings, in general, deals with what happened to the individuals during the event; how they felt at the scene; and what their reactions were afterwards. In addition to providing a supportive environment that allows emergency workers to deal with stress reactions, the debriefing provides education about acute stress and its normal effects. The participants learn specific stress management techniques for coping with their responses(346).

CISD meetings should optimally occur within 72 hours of the incident but can be done any time after the event. However, the greater the delay between the incident and the debriefing, the greater the likelihood of delayed or prolonged stress reactions.

CISD meetings are strictly confidential. To short-change or disrespect confidentiality would only undermine any effort or serious commitment to help. For this reason, it is recommended that such sessions be conducted by trained counsellors, preferably from outside the department. Equally important is the necessity to ensure that such counsellors have had exposure to the daily life and routine of the particular emergency service they are assigned to. This can usually be accomplished by having them ride with emergency responders such as fire, police or ambulance.

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* "When Disaster Strikes... The Critical Incident Stress Debriefing Process", by Jeffrey Mitchell. *Journal of Emergency Medical Services*. Volume 8, (January), 1983.

7.5.5 Follow-up

Individual or family counselling can be arranged for those who may require further assistance in resolving stress reactions. Often, during such sessions, previous difficulties emerge which may be work-related or may arise from family or personal life. These can be referred to appropriate counselling agencies for follow-up.

Chapter VIII

Personal Services - The Helping Process

8.1 Introduction

This chapter describes the help that Personal Services (PS) provides in a disaster. Naturally, each disaster phase presents PS planners and workers with different environments and emotional and personal needs. PS personnel must, therefore, continually adapt their roles, services and skills to meet the changing needs of survivors(53).

8.2 Some General Guidelines

8.2.1 A Community – Oriented Approach

Past disaster experiences clearly indicate that a non-traditional, informal helping approach similar to ones used by community social work, mental health, or public health agencies is best suited for the delivery of PS after a disaster(199, 324, 332, 351). These models are favoured because they:

- emphasize education and prevention rather than treatment;
- offer a flexible, pragmatic and crisis-oriented approach to disaster intervention;
- reach out to the total community rather than to people who find their way into offices or clinics;
- encourage survivors to help themselves;
- encourage survivors and the various groups or agencies serving them to identify needs and propose services to meet these needs;
- identify the sources of stress as lying within the social environment (e.g., problems-in-living) rather than within the individual. These agencies are also familiar with everyday problems-in-living experienced by community members prior to the disaster and with the resources that can readily help.

Workers and volunteers attached to community-oriented agencies are mobile and strategically located within communities. They are accustomed to reaching out to help individuals and families who are experiencing varying degrees of stress and life crisis. "They approach, assess need, give information and anticipatory guidance and make appropriate referrals to other community services"(337).

8.2.2 Volunteer Support for PS Outreach

Human service agencies responsible for the PS response are often unable to help disaster victims on an ongoing basis for a variety of reasons: heavy caseloads, limited staff, large territories to cover and, of course, the continuing needs of persons they are already assisting. In such situations, volunteers can play a major role in the delivery of PS outreach support. Experience in Southern Ontario's Dufferin County tornado outreach response clearly demonstrated that without the recruitment of volunteers from the community there would have been a minimal response. Volunteer involvement allowed the few professional workers to expand the scope of their disaster response and gave the effort an essential infusion of energy and vitality(345, 361).

8.2.3 Meeting Basic Needs First

Although PS is organized to offer emotional support and counselling, it must also be prepared to help victims obtain practical assistance: money, food, clothing, temporary lodging, transportation, day care or help with bureaucratic "red tape." Meeting these basic physical and security needs reduces some of the emotional burden of disaster losses and encourages recovery(176, 332).

8.3 Immediate PS Assistance to Survivors

8.3.1 Reception Centres – Phase I

In a local emergency, residents of a community are sometimes evacuated to preselected reception centre sites: schools, church halls and community halls. Sometimes, such as in the case of the Edmonton tornado, survivors are offered temporary lodging by hotels or motels. PS staff at these sites have various responsibilities.*

(i) Reception and Information

PS provides for the initial reception of disaster victims arriving at reception centres or other evacuation sites and offers information on immediate emergency help available, such as locating family members, emergency clothing, lodging or food.

(ii) Emotional Support

PS workers mingle with disaster victims to answer questions and help those who may be experiencing strong emotional reactions or personal problems due to the disaster.

Emotional support services should be low-keyed and provided in a very informal manner. A name tag identifying who you are is useful. Remember not to identify yourself as a "mental health" worker. Use the title "Personal Services Worker" or "Flood (Tornado) Support Worker" instead.

(iii) Care of Unattended Children

PS workers are responsible for offering immediate care and reassurance to children separated from their parents. If survivors have to remain in the reception centre for several days, PS personnel arrange for or set up activities for the children.

(iv) Care of Dependent Adults

PS workers assist dependent adults who are temporarily upset or confused.

(v) Care of Residents from Special Care Facilities

If residents of special care facilities are evacuated to a reception centre, PS workers may have to assist staff from these facilities in providing group and individual physical care.

(vi) Financial and Material Assistance

PS workers provide survivors with information on temporary financial or material assistance with basic needs.

8.3.2 Reception Centres – Phase II

Once the evacuees have been relocated to emergency lodging facilities or have been assigned temporary housing, the reception centre can become a one-stop service centre where information, referral or day care services can be offered.

8.3.3 Information and Referral Services(202, 332)

PS provide information and referral services that are extremely valuable during the immediate post-impact period. The PS response plan should include an up-to-date list of community resources to assist disaster victims. The list should include the names, phone numbers, addresses, services offered, costs and hours of operation of the sources of help available in major disasters.

If agencies have relocated to temporary quarters because of damage to their facilities or have new telephone numbers or services, the list may need to be revised after the disaster. The updated information should be made available to survivors as quickly as possible, preferably within the first 24 to 48 hours after the event.

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* Additional information on the roles and responsibilities of SP workers at operational sites can be found on pages 11-12 and 15-16.

(i) *Information and Referral Guidelines*

- Resource lists should be prepared in cooperation with other municipal emergency response organizations to ensure that the work is shared, rather than duplicated, and to keep abreast of who is doing what during the somewhat confused recovery period. (See Appendix D for the Tornado Response Newsletter aimed at promoting coordination among agency services to Edmonton tornado victims).
- A limited number of information and referral points are desirable in order to facilitate the coordination and exchange of information.
- Information and referral services that become too specialized lose their effectiveness as a disaster strategy; crisis workers must be capable of providing assistance with all kinds of problems. Service is not complete when information is merely conveyed verbally. It may also be necessary to provide transportation, an interpreter, an advocate, or child care in order to ensure that people actually gain access to the resources to which they have been referred. Following up on referrals is also essential.
- Since many people do not use the services of a reception centre, preferring to stay with relatives, friends or at commercial accommodations, outreach workers have hand-delivered community resource lists to survivors, who greatly appreciate the information. Delivering these resource lists also enables workers to introduce themselves, explain their role and enquire about the survivors' well-being.
- Inserting the list and other information in a large manila envelope makes it easier to store and retain.

8.3.4 Crisis Intervention Services*

Past intervention by PS workers has demonstrated that a crisis intervention approach is one of the most effective ways of helping disaster victims.

Crisis intervention is generally based on the assumption that most people can take care of most problems in their lives. When experiencing stress, they apply their coping mechanisms until the distress subsides. When the emergency is unique and the strain severe, however, the usual coping mechanisms may not be effective and the person remains highly anxious and confused. Help is needed, and the help is most useful if provided as soon as possible.

Crisis intervention is the timely intrusion into people's lives when their own coping mechanisms prove ineffective. Its goal is to assist people to return to their previous levels of independent functioning as soon as possible. Crisis intervention is immediate, short-term and symptom-oriented. The following are the major steps in crisis intervention.

(i) *Establishing Rapport*

Rapport refers to feelings of understanding, interest, and concern among two or more people. Rapport begins when you let someone know that you are a helper interested in talking about the disaster and in helping the person recover from it. Generally, the first thing people in crisis need from the helper is some acknowledgement of their position. The helper's sympathetic approach, touch or support and guidance can help them deal with the crisis no matter how intimidating their anxiety makes it seem.

(ii) *Identifying, Defining, and Focussing on the Problem*

People who go through a severe crisis may become disorganized, even chaotic in their thinking and functioning. So many problems have appeared and there is so much to do that they are overwhelmed and unable to do anything. It is often very helpful to identify one problem as the most immediate thing to focus on. If possible, it should be one that is readily solvable, for the first success will be important in bringing back a sense of control and confidence.

(iii) *Evaluating the Problem(s)*

Workers should consider the seriousness of the problems and the status of the people they are working with throughout a conversation. Some of the possible questions are: What's happened to this person? How serious are the losses? How important are the lost objects? Can the person handle grief? At the same time, the worker should be considering the person's inner resources, personality, style of life, and method of handling feelings. In this way, priorities can be established and remedial approaches can be considered.

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* Adapted from: U.S. Department of Health and Human Services, National Institute of Mental Health. *Training Manual for Human Service Workers in Major Disasters*, Farberow, N.L., and Gordon, N.S. Washington, D.C.: Supt. or Docs, U.S. Govt. Print. Off., 1979.

(iv) Evaluating Resources Available

After determining the problems and evaluating them, it is appropriate to ask about the survivor's available resources. Frequently, the person will have personal and unique resources available. It is useful to explore possible sources of help for the person's problems through family, relatives, friends, clergy or physicians. Often, some resources are forgotten until mentioned in the discussion. These will be in addition to those set up to meet the special needs of the disaster-struck community.

(v) Developing and Implementing a Plan

Usually it is best to work out a plan with the person(s) involved. A common difficulty for workers is the temptation to try to solve all the person's problems and to take over completely. Instead, the aim should be to help people resume independent functioning, a goal that most want to achieve. The worker may serve a useful purpose just in suggesting alternatives not considered before. It is most important to avoid promising services, materials or solutions which it may not be possible to provide. Raising false expectations and hopes is generally far worse than being able to offer nothing at all. Remember that the interest, understanding, and concern offered are the most important elements in the contact.

(vi) Follow-up

If possible, follow-up should be made later, just to see how things have gone. People see this as the best evidence of genuineness in the contacts.

8.3.5 Public Education and Information Outreach

(i) Public Education Strategy

Public education and information outreach programs about disaster-related physical, social and emotional reactions as well as problems-in-living have proven to be one of the most effective ways of reaching large numbers of people in a stricken area(189).

(ii) Educational Content

The goals of these educational efforts are to explain in brief, easily understood articles(102, 332):

- the types of physical, emotional and behavioural stress reactions that individuals and family members can expect to feel after a disaster;
- that these reactions are normal, temporary responses to a most abnormal situation or event;
- that these emotions are best dealt with by acknowledging and accepting them and by discussing them with others;
- that the expression of grief over loss and the retelling of upsetting experiences should be encouraged;
- that these reactions do not lead to mental illness or breakdown;
- where additional information or assistance with emotional reactions or more concrete needs can be obtained; and
- that it's quite common for normal people experiencing stress to use such services.

(iii) Disseminating Public Education Information

Educational material on disaster reactions can be communicated to survivors through newspaper articles, leaflets, handouts, radio or TV spots, church bulletins, newsletters posted at reception centres, placed in grocery bags at local stores, and, in some communities, placed in mailboxes(189).

(iv) Gaining Media Cooperation

Using the media well and giving them the tools to communicate your message accurately is very important. As response groups in previous disasters have discovered, the media can provide tremendous help for a relatively small investment(118).

Some of the most effective and efficient information outreach approaches are newspaper columns or TV programs written or hosted by trusted local columnists or TV hosts. The media are keenly aware of a social responsibility to act as communicators between authorities and individuals and to stimulate community aid(189, 332).

(v) Timing the Delivery of Public Education Information

It is very important that newspaper articles and public service announcements concerning disaster-related stress reactions and problems appear regularly over the months following a disaster. The following is a typical schedule:

- Articles one or two days after the event can emphasize acute stress reactions and accompanying physical and emotional responses, pointing out that these reactions are normal (see Appendices G and H);
- As clean-up starts articles can stress grieving over losses, and the accompanying physical and emotional responses;
- As rebuilding starts, articles can discuss reactions of victims as they deal with insurance assessors, builders, municipal officials, relocation to temporary housing, and so on (See Appendix K);
- The launching of an outreach program, youth project, day-care services or the announcement of public meetings, Christmas celebrations and the anniversary date of the disaster are important times when relevant articles, radio phone-ins, or television talk shows can discuss the topic of disaster-related reactions (See Appendices I and J);
- The disaster victim phases described in Chapter 3 can also be used as a guide in timing the publication of articles.

(vi) Information Sessions for Other Community Groups

Information on age-related reactions and how different age groups can be helped should be disseminated quickly to community service agencies, school boards, hospitals, employers, and the general public through such means as workshops, in-service training, and breakfast meetings.

(vii) Importance of Public Education Outreach

A public education outreach strategy is especially important in small towns, or rural areas, where human service resources are scarce or where funding is limited(332).

By achieving early visibility through public education PS can:

- gain greater sanction and support for their services from their own sponsoring agency, from other municipal response organizations and from ongoing community service agencies;
- facilitate accessibility to people who might not ordinarily seek emotional support services;
- facilitate initial contact of outreach workers with survivors who may already have heard of the program.

(viii) Examples of Education and Information Approaches

Appendices G, H, I, J, and K contain examples of handouts and newspaper articles used to reach out to survivors of previous disasters.

8.3.6 Telephone Help Line

Another means of offering immediate and ongoing emotional support, general information and referral services is through a telephone help line. In some communities, telephone crisis services already in operation could be used. Support services at these centres are usually available 24 hours a day year-round. Following the Barrie tornado of May 1985, a Tornado Stress Line was organized by the Simcoe County District Health Unit and the Ontario Ministry of Community and Social Services, and remained in operation for 10 months. Its major purpose was to provide callers with immediate access to emotional support and crisis counselling, to act as an information and referral service and to organize home visits to survivors who had requested personal contact or whom the organizors felt needed personal help(230).

When a disaster affects a very wide area, a toll-free "800" telephone number would provide as many victims as possible with free, ready access to support.

The following account describes a flood community's experience in operating a telephone help line:

Through news media, posters, and the grapevine, the function and purpose of the help line was spread throughout the community. As expected, the majority of calls dealt with practical or physical rather than psychological problems. However, it rapidly became apparent that calls for help on how to fix a fuse, fill out a government form, or where to go for a mobile home were disguised pleas for emotional support. The help line staff was trained to recognize psychological problems behind the practical problem. Staff follow-up calls were encouraged so that particularly vulnerable people would not be lost in the shuffle.*

8.3.7 Child Care Services

One need identified in the aftermath of disasters is parental relief for families with pre-school children. Children often can't play outside because of the debris, and can't play inside because workmen and construction equipment are everywhere. The problem is to find a safe place where parents can leave their children while they attend to the practical details of putting their lives back together.

Licensed municipal child care agencies can help set up such services and provide well-trained staff.

Such a service was initiated following the Barrie tornado. The child care program, funded by the Ontario Ministry of Community and Social Services, was operated by the Raggety Ann Day Care Cooperative.

Feedback from parents who used the service was extremely positive. One mother claimed she could not have survived without it. Knowing that her children were safe and happy, she could meet with insurance adjusters and contractors and attend to the business of putting her home back together. Day care workers also found that the program helped parents and children deal with separation anxiety. Parents living in small crowded trailers were most appreciative of this service.

8.3.8 Grief Support Services

The multiple deaths and serious damages that some disasters cause can precipitate severe grief reactions in many survivors.

As part of their PS response plans, communities are encouraged to develop a grief support service plan to provide immediate, short- and long-term emotional support to loved ones of the *deceased and seriously injured*(67).

(i) Service Goals

The immediate goals of the grief support service are to(49, 163, 306):

- provide crisis intervention in the initial phases of grief work; that is, offer a high level of emotional support and comfort to persons whose loved ones are:
  - trapped and awaiting rescue;
  - missing and presumed dead;
  - dead and awaiting identification;
  - seriously injured and hospitalized.
- ensure that bereaved families have access to adequate family or other care;
- identify bereaved families at risk and provide ongoing bereavement counselling for them to prevent or reduce long-term impairment.

(ii) Organizational Guidelines

1) Preplanning

In order to respond promptly, effectively and appropriately, it is necessary that a grief support service plan be developed and team members be trained in advance(190, 191).

2) Joint planning

The grief support service plan is developed by the PS Chief and the planning committee. However, some joint planning with police, fire, coroner or hospital staffs, the clergy and other relevant community emergency response organizations will be necessary in order to:

- establish the legitimacy of activities, gain sanction and support from proper authorities;
- prevent overlap in functions and response by defining roles and responsibilities;
- become a clearing house for grief information and support activities.

3) Recruiting grief support workers

A pool of grief support workers can be recruited from among a community's human service agency personnel. [See page 16 for a list of suggested sources of personnel].

(iii) Location of Grief Support Services

Depending on the nature and location of the disaster, Grief Support Services may be required at the following sites:

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* "The Coming Flood Project: Psychological First Aid Following a Natural Disaster," by Ann S. Kliman. In *Emergency and Disaster Management: A Mental Health Source Book*. Edited by H.J. Parad, H.L.P. Resnick, and L.G. Parad. Bowie, Maryland: The Charles Press Inc., 1976.

1) Temporary morgues

In major disasters where there are numerous deaths, a temporary morgue may be set up. Grief support workers would be available at these morgues to provide emotional support to family members identifying loved ones(188).

2) Hospitals

When a major disaster occurs, relatives and friends of the victims may converge on hospitals to obtain information on their condition and whereabouts. Hospital disaster plans should therefore include provision for an information area where relatives can be directed. Grief support workers, clergy, hospital social service and nursing staff would provide this service in order to keep treatment areas free for all essential personnel and to provide emotional support to relatives.

In municipalities with more than one hospital, and if the hospitals have coordinated their plans, establishing a central information area where all reports on casualties can be collected may be the most efficient and effective way to provide this service. The location, telephone number and purpose of the information site would be published as part of the news media's reports on the disaster(33, 45).

3) Reception centres

If search and rescue, recovery or identification of bodies may take several days, grief support services can provide comfort to loved ones of the victims and assistance to fire, police, hospital and other rescue authorities by setting up a reception centre, a safe distance from the accident scene (in a community centre, church hall, airport lounge or hospital reception area).

The location, telephone number and purpose of the reception centre would be announced by the news media, forestalling the convergence of relatives on the disaster scene or at health facilities. Police, fire, rescue and health officials would also refer enquiries to the reception centre.

4) Mutual support

Bringing victims' families together allows them to defuse the trauma through contact with fellow survivors and provide mutual support. It also facilitates access to information and support services(79, 163).

(iv) Operational Guidelines for Morgues, Hospitals, or Reception Centres

The following guidelines, collected from the experience of previous grief support services teams, provide practical information on how to put the grief support service plan into operation(49, 163, 191).

1) Reception

One or more grief support workers should be assigned to each family or its representative. Out-of-town families should be met at their place of arrival and brought to the reception site. Family members from the disaster locality should be met as they arrive at the reception centre. The grief support worker would remain with them as long as necessary, or at least until each family has made funeral arrangements.

2) Registration

Families should register as they arrive, giving their names, addresses, phone numbers, religious preferences and the name of their loved ones.

3) Information on victims

Information concerning a loved one's condition should be provided by a delegated official. If the loved one is alive, the family would be taken to the hospital. A grief support worker would escort the family to the hospital where another grief support team would be waiting to provide help.

Families of deceased victims should be helped through the painful process of answering questions, making funeral arrangements, and, in some instances, identifying the body and gathering personal belongings.

4) Identifying the deceased

After a violent disaster some families may be apprehensive about the identification procedure involved in viewing the deceased. They may express the wish to remember their loved one as she or he was last seen. It's important to point out that they may, later on, question whether or not their loved one really died and that the grieving process may be hampered if they do not identify the body themselves(274, 306).

5) *General guidelines about identification*(221)

- It is important to remember that families will probably be in shock or in a state of denial after being informed a loved one has died. The identification of the deceased will be the family's first confrontation with the reality of the death. The manner in which the family is prepared and treated at this time may affect the grieving process later on.
- It is of vital importance to ensure that the family's fears and emotions are being dealt with, not the fears and emotions of the grief support worker(277).
- Before the family enters the morgue, the grief support workers should have checked on the condition of the body, visual appearance, odour, number of human remains present and cause of death. Such information will assist the workers in preparing the family for the experience and in dealing with their own fears and anxieties(33).
- Workers should be straightforward and honest in their explanations and responses to the family's questions. Falsifying the situation or giving half-truths will only increase the anxiety of the family members and will harm the credibility of the support person. The unknown generates greater fear than the truth.
- Workers should accompany the family into the morgue, then withdraw enough to allow privacy but still close enough for assistance and support. They should remain with the family following identification, allowing them to express their feelings towards the deceased and their reactions to what they have just experienced.
- The family needs to be given direction, to help them alleviate the sense of helplessness and confusion that they are experiencing. Help in contacting friends, family, making travel arrangements, beginning funeral arrangements are all tasks that can be facilitated by the grief support workers.

Note: If officials are not sure that the deceased is the family's loved one, prepare the family. When identification proves to be false, family members will probably experience a great feeling of relief, then guilt, and greater anxiety regarding their own situation. Do not abandon them but again allow the family to ventilate their feelings and frustrations about the experience they have just had.

6) *Other helpful services*(163)

If possible, provide rooms where families can express their grief in private. Provide telephones so that families can contact relatives and friends. Prepare a list of the funeral homes in the cities where the victims lived. Some families from outside the disaster locality may require assistance in arranging accommodation and transport.

When families may have to wait long periods of time because of search and rescue, body recovery and identification, providing food and beverages in a homelike facility helps people relax and prepare themselves for the hours of waiting.

(v) Facilitating Acute Grief Reactions

Russel offers the following guidelines for grief support workers: "One must remember that when people have been shocked, words may hardly reach them, and then all one can do is sit and listen, or perhaps take their hand or put one's hand on their arm. When someone is shocked or distraught the human touch will sometimes convey a message which words cannot."*

Grief support workers are often concerned about family members who show little emotion; attempting to stimulate discussion about the deceased can foster an accompanying emotional response.

As soon as families are told of the death of a loved one, the shock and pain begin. Here is how members of a grief support team described their experience in helping family members of teenagers killed in a bus crash:

"Most people cried, holding each other as the anguish and realization went deeper into their being. A few cried out in grief and began to run until embraced and held tightly by their spouse or a friend or worker.

The mental health team worked with the families, encouraging them to cry to express the depth of their pain. We found places for family members to sit together so that they could share their grief, and support and lean on each other. We held and touched grievers which helped them. This simple gesture freed the family members who usually played a supportive role to cry and find comfort for themselves.

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* "Thoughts on Bereavement", by Sheridan Russel, *Nursing Times* (London) Vol. 61, (February), 1965.

We listened to families talk of their dead children over and over again. They kept repeating comments such as "I just saw her this morning." "We were saving our money to go skiing together." "She was so good: she went to church every week." "He was going to be a lawyer." "I'll never see her again."

In the midst of their shock and distress, the families had to answer questions for the coroner's office and make preliminary funeral arrangements. We helped the families answer questions and guided them through various activities.

Families asked, "Did he suffer?" "Is her face smashed?" It was important to answer these questions when they arose. Some parents were not ready to deal with issues such as funeral arrangements and viewing the body. In such cases, we interrupted the deputy coroner's questions and suggested that the family be given more time. (...)

One family member said over and over, "I killed her – if I hadn't been gone, she would be alive. She wouldn't have been in the choir if I hadn't left. I killed her – it's all my fault." We acknowledged the underlying feelings of wishing that he had spent more time with her. This brought tears and a response of "Yes. That's what I mean." This intervention was an effort to break through the anger directed at the self to the feelings of loss and grief underneath.

Follow-up was to be provided for those families who appeared to be at high risk in terms of having difficulty beginning grief work. We identified such families and referred them for appropriate follow-up which, because of the distance involved, we would not be able to provide ourselves."*

(vi) Grief Support Follow-up

Follow-up should be provided for those families and individuals who appear to be having difficulty beginning the grieving process. Because some families may live a great distance from the disaster site (for example in plane, train or bus accidents), information should be provided to human service agencies in their localities to facilitate outreach services for these people(190, 191, 219).

8.3.9 Missing Persons

In some disasters, such as the sinking of the Ocean Ranger oil rig or the Air India crash, bodies may not be recovered. In such cases, the lack of physical evidence about the fate of loved ones may delay the start of the grieving process. Families whose loved ones are missing and presumed dead will require additional comfort and support during the waiting period, in initiating grief and working it through(108, 326). Emotional reactions of family members of missing persons vary in duration and intensity. Some persons may react with complete denial or vacillate between optimism and despair, from avoidance and escape from pain to the hope of reunion. Those who deny the fact of the disaster and the danger to loved ones may enter a period of pseudo-stability that may last for years(297).

The following account illustrates the unrealistic hopes and fantasies that the wife of an Ocean Ranger victim had long after she knew her husband was dead:

"I just didn't want to believe it. There was no proof of anything and it seemed so unreal. His body wasn't found so that made it so much harder for it to sink in. I kept thinking about the lifeboats that weren't found. And once – it was months later there was an announcement on the radio asking boats to watch out for a lifeboat that was spotted somewhere. Little things like that would give me hope, just to be let down again."*

(i) How to Help

Do:

- Ensure that a reception centre is immediately opened to receive loved ones of the victims (see pages 60-63 for details on organizing and operating such a centre).

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* "When a Disaster Happens - How do you Meet Emotional Needs?" by Rudy Ciuca, Carol S. Downie, Magdalena Morris, *American Journal of Nursing*, Vol. 77, No. 3, 1977. Used with permission. All rights reserved.

* *But Who Care Now? The Tragedy of the Ocean Ranger*, by Douglas House. St. John's, Newfoundland: Breakwater Books, 1987. Used with permission. All rights reserved.

- Keep families as well informed as possible. If families have to return to their homes because of delays in locating missing persons a daily briefing for each family should be arranged. Frequent updates will help family members deal with the uncertainty(79).
- Ensure that distressing news is communicated in a compassionate way to families of the victims(140).
- Encourage and enable families to interact with others experiencing the same crisis, for this contact will help defuse the trauma. It is also beneficial for them to discuss mutual concerns such as relations with the press, the company or agency involved, the government and the general public, physical and emotional reactions to the crisis, family adjustments, and decisions to be made in the absence of the family member(79).
- Inform families about immediate and long-term reactions and adjustments if the missing person is not found. They should be reassured that these reactions are normal.
- Organize outreach programs (home visits, telephone service, self-help groups) to help families confront lingering fantasies, anxieties about the future and other emotional reactions and human adjustments that are part of the grieving process. Children and adolescents are particularly vulnerable following such losses. Parents may need information and support in helping their children grieve(140, 191, 296).
- Remember the importance of funeral ceremonies or memorial services even if the body is not present. A picture of the loved one or any other symbol that will reinforce the reality of the death could be used as part of the memorial service. Relatives and friends should also be encouraged to offer their condolences or mail sympathy cards in order to reinforce the reality of the death(108, 297).

8.4 Short- and Long-term Services

8.4.1 Outreach Service

(i) Introduction

Disaster research and practice indicate that the outreach service is one of the best means of dealing with the social and emotional aftermath of any disaster for several reasons. First, survivors might not initiate contact with counselling agencies simply because they are not familiar with the services available or how these services can help them. Second, survivors might avoid these agencies because of the perceived stigma attached to being recipients of mental health or welfare services(129, 209, 338).

(ii) Outreach Service Approach

The outreach approach is based on the idea of reaching out to disaster victims through friendly visits which are non-threatening and preventive in nature. Individuals, families or special groups affected by a disaster are approached in order to assess informally their situation, make them aware of the human service community's ability to help and help them gain access to all required services(129).

(iii) Guidelines for Providing Service

1) Tracing disaster victims

Lists of disaster victims can be obtained from various organizations: registration and inquiry lists, reception centre lists, hospitals, municipal housing authorities, municipal building permit bureaux, insurance companies, schools, churches, neighbours, employers, or the post office. Media can also assist by asking disaster victims to contact the outreach services.

Disaster victims from rented housing may be more difficult to trace. Families who suffer major losses may move to a relative's or friend's home at some distance from the disaster community. These persons should also be located and visited by Personal Services or community service workers in the relocation community. People who relocate immediately sometimes experience greater emotional stress than those who remain behind(129, 190, 269).

2) Mapping disaster victims' locations

A map pin marking permanent or temporary residences of disaster victims will facilitate response, for outreach workers can then be assigned on a geographical basis. This allows outreach workers to deal consistently with the same people, thus developing a relationship of trust and assuring continuity of services.

3) Timing the delivery of outreach services

Various outreach experiences show that services tend to be optimally carried out one to three weeks after a disaster.

A first visit should be made as soon as possible. Initial assessments allow workers to determine if immediate follow-up visits are required.

Other visits should be scheduled at dates when there would normally be additional stresses placed on the family. These include:

- June – when school ends and children must be cared for over the holidays.
- September – when parents and children may experience increased separation anxiety because children are returning to school. Also, mothers working at home have more time to reflect on the numerous problems created by the disaster.
- Christmas – when memories of past Christmases surface and remind people of their losses.
- Birthdays of loved ones and the anniversary of the disaster – when people are also reminded of their losses.

Note: Outreach visits at these times will allow victims who experience delayed reactions to discuss these with the workers.

4) Debriefing sessions
Debriefing sessions should be organized to allow outreach workers to vent their feelings.

8.4.2 Radio Talk Shows

A few weeks after a major disaster, a radio talk show on the emotional reactions and grieving process associated with such incidents can be very beneficial. The format could involve interviews with survivors, bereaved families, survivors of previous disasters and a guest expert, knowledgeable about stress reactions and the grieving process. Persons who may shy away from workshops or information sessions might be more willing to share their personal concerns or ask questions over the phone. A phone number for follow-up counselling could be offered. In order to garner as wide an audience as possible, the talk show should be well advertised by the media(26).

Note: Similar phone-ins or TV interviews can be organized at other times, after three months, six months, at Christmas, or the anniversary of the event.

8.4.3 Self-help Groups

For people without extended family support, who are unaccustomed to reaching out, recovery can be marred by isolation and loneliness(304). Self-help groups can help these people to:

- find comfort, support and guidance from each other;
- learn how to accommodate the loss;
- become accustomed to discussing their emotional reactions, their losses, etc.
- realize that many of their reactions such as guilt, fear, anger, loneliness, helplessness are normal and natural reactions that are shared by others.

8.4.4 Mental Health Information Workshops*

The following case example is suggested as a model for setting up mental health information workshops following a disaster. Although reference to "mental health" should be avoided in the period immediately after the disaster, mental health services play an important role in working with victims and promoting stress-related information workshops in the remedy and recovery phases of a disaster.

(i) Case Example

On Friday evening, May 31, 1985 a tornado ripped through Dufferin County in Ontario, leaving over two hundred families homeless. Grand Valley was most hard hit with two hundred and one homes destroyed or damaged. Human service providers in the disaster area such as the Grand Valley family physician, and the public health nurse, both tornado victims, and the Grand Valley elementary school principal, who had day to day contact with the survivors, reported that survivors were exhibiting most of the emotional reactions suggested by the literature. They pointed out that those most affected emotionally were the children, the elderly and those without emotional support, such as single parents.

These service providers approached the Orangeville Mental Health Clinic, which agreed to sponsor a community educational evening for tornado victims.

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* Julie Ann Lefever. *Canadian Mental Health Services*. Orangeville, Ontario. Personal Correspondance.

(ii) Purpose of Educational Meeting

The mental health workers involved described the purpose of the meeting as follows: to assist tornado victims in managing their emotional responses to the tornado by:

- educating participants about normal responses to disaster;
- providing a forum for participants to assist them in obtaining emotional support from fellow survivors;
- teaching some specific stress management skills;
- assisting parents in helping their children cope;
- providing an indicator of need for additional response by the clinic;
- providing public relations for the Mental Health Clinic, that is, helping people understand and appreciate the positive efforts of mental health workers and remove some of the stigma associated with "mental health".

(iii) Format

The format was one that PS planners or mental health agencies are encouraged to follow:

- Presentation by a moderator or invited guest on normal responses to disaster: anxiety, fear, grieving for losses (features, stages);
- Informal presentation by previous disaster victims of reactions they had experienced immediately after the disaster and in the months and years following the event. (In this case, a married couple who had survived the Woodstock tornado in 1973 recounted their experience). If a previous disaster victim is not available, arrange for someone who was a recent victim to discuss his or her reactions;
- Panel discussion about disaster problems: emotional, physical, financial, social (relocation);
- encouragement of discussion among participants or questions from participants to panel members.

This format was used in several mental health workshops and proved to be very effective.

Following the workshop participants were invited to speak to guests and further counselling was offered.

(iv) Media

The presence of media representatives from surrounding municipalities provided county-wide coverage of the workshop and its results. This broad dissemination of information provided reassurance to victims who couldn't attend and helped them accept their emotional reactions. A phone number was also published for persons who wanted more information or who wanted to talk to an outreach worker. (See Appendix K for an example of one paper's coverage of a mental health workshop with survivors of the Grand Valley, Ontario Tornado of May 1985).

8.4.5 Child and Family Counselling Services

During the first few months, disaster stresses can strain family relationships. Couples often lose sight of this fact, and may be hurt and bewildered that they are not getting along, or are thinking of separating[345].

It is as important, therefore, for couples to care for and repair their relationships as it is to work on their physical property.

When serious family problems develop, PS workers may want to refer families or couples to family-oriented support services such as Child and Family Service agencies. Family counselling is especially important when children have also experienced stress. Because of difficulties in the marital relationship, parents may be unable to provide the care and reassurance that the child needs in order to grapple with the experience.

During the nine months following the Barrie tornado, thirty children and their families received support and counselling from the Tamarac Family Guidance Clinic for symptoms ranging from weather anxiety to sleeping and eating disturbances and even suicidal gestures, all related to the tornado.

A year after the tornado, Patricia Malane, the program manager of the clinic, wrote an article describing the role of her agency in the delivery of Emergency Social Services. Because of the relevance of the information, we have (with Ms. Malane's permission) reprinted below a major part of her article.

a) Staff Selection

The Family Guidance Clinic operates with an average three-month waiting period. Consequently, we were not in a position to provide an immediate response when tornado survivors were referred to the clinic. Through specialized funding from the Ontario Ministry of Community and Social services, three additional staff members were hired on a fee-for-service basis to respond to the need. These three people were qualified family therapists with training and experience in using a systemic approach to family treatment.

b) The Counselling Model

A family therapy orientation was compatible with the crisis theory of using the family's own resources to help the child, rather than providing individual therapy for the child outside the family unit. The family unit was more important than ever to children who had gone through the anxiety and grief related to the tornado, and to have disregarded this would have seriously hampered the child's ability to recover. The visible problem in the vast majority of cases was weather anxiety. The parents needed to learn how to respond to their child's behaviours when the anxiety occurred at home. As well it was thought, and later confirmed, that it would be easier for parents to identify concerns about their children than to identify concerns about themselves. Parents felt they had to be "strong" in the face of a crisis and, because their initial focus was more on material needs, they tended to neglect their own psychological and emotional needs. The child often acted as a barometer reflecting the emotional climate of the family. *Involving the family in therapy helped all family members.*

c) Staff Orientation and Training

The therapists were selected during the first two weeks of the planning process and were involved in the training session. Family crisis theory was reviewed and articles pertaining to the psychological impact of disasters on children and adults were read and discussed. Specific techniques for intervening in the family system were also discussed, with a particular emphasis on the use of play and art with younger, less verbal children.

Staff meetings were arranged on a regular basis during the first three month period to provide support for the therapists and a forum for discussing cases. The staff felt this was very helpful since none of them had previous experience in working with families who had encountered a major disaster.

d) Family Intervention

The families who were referred fell roughly into two categories. The first consisted of families who had been functioning well before the tornado and who were now experiencing a period of disorganization and emotional turmoil. The second category encompassed those families who were already under stress before the tornado owing to unresolved crises such as marital conflicts and child behaviour problems. The tornado exacerbated these problems and destroyed the tenuous balance that had existed previously. Only about one quarter of the families fell into this latter category.

Our approach to the families was as flexible and unclinical as possible, in an attempt to reach out to them and normalize their reaction. Many of the family members, particularly the men, later remarked that they appreciated this approach and would have resisted being treated as patients.

All families were offered the opportunity to be seen in their home or current living environment. This was done for two purposes; first as an engagement technique to lessen the anxiety of coming to a mental health clinic, and second, to provide valuable information to the therapist about the extent of the damage the family had experienced. It also afforded the therapist a chance to see how families were coping with issues such as shared accommodation and loss of possessions. Intervention consisted of:

- encouraging each family member to air their experience;
- normalizing the emotional/behavioural response;
- providing support and encouraging family members to listen and provide support to each other; and
- linking family members to others such as neighbours who shared their experience.

Therapists found that the first session with tornado families was much longer than an average family session. It frequently took two hours or more for the family members to recount their experiences. For many, it was the first time they had talked about it and it was often an emotional experience which drew them closer together. It was also helpful for the family members to know that their feelings of anger, resentment, sadness, hopelessness and anxiety were all normal responses and that they were not alone in experiencing those feelings or related behaviours.

Where the entire family had been present during the tornado there was greater understanding and support between individuals than in those families where some members had been absent.

Often, the individual who had not been present did not appreciate the need of family members to recount their experiences and feelings more than once. It also became evident that the family member who was not present often felt guilt at not having been there to help.

The dynamics of grief were present to some extent in all the families. By helping family members recognize and work through their feelings the symptoms gradually decreased. While older children and adults were encouraged to verbalize their feelings, art and play were utilized to assist the younger, less verbal children to share their feelings.

Once the adults were given support and had worked through this process, their previous productive patterns of child management re-emerged. In some instances, the therapist made suggestions to assist the parents in handling the child's specific behaviour such as night terrors, refusal to leave the home or weather anxiety. Also, the parents were helped to anticipate the potential re-emergence of the child's behaviour at significant times during the year, such as Christmas, the beginning of the school year and the anniversary of the tornado.

Interventions for those families who had experienced problems before the tornado went beyond the process described above to include restructuring the family and altering the dysfunctional relationships.

The counselling has generally proven to be short-term. Those cases that have terminated to date have averaged 2.5 months in therapy. Slightly less than one-third of the total cases remain open.

e) Impact on the Therapist

Working with these families was described as a positive experience by the therapists. In the initial stage it provided the therapist with a vehicle through which to do something to assist the victims of the tornado and reduce the sense of helplessness which was common to most citizens of the community.

Initially, the therapists had to adjust to providing therapy in the home rather than in the more controlled environment of a clinic. They also had to recognize the crisis nature of this work. Potentially this meant scheduling sessions more than once a week and being prepared to respond if the need arose outside office hours, such as in the evening when a storm occurred.

At the start of the program, the therapists were uncertain about the most helpful methods of intervening since there was little literature to assist them. However, as time has gone on and more families have benefited from the intervention, there has been a sense of satisfaction with the work. The families have been motivated, committed and have had the ability to resolve their problems and return to the equilibrium they had before the tornado. Some of the more dysfunctional families have used this opportunity to develop healthier family relationships in general.

f) Summary and Recommendations

- Our experience verifies the need for a family oriented counselling service as an integral part of the coordinated social service response following a major disaster.
- To be effective, the program must have the potential to be immediate and flexible in its method of responding to the family. This has implications for funding and staffing. From an administrative perspective, finding staff who are well qualified and willing to commit themselves in spite of the fluctuating demand for service is definitely a potential problem. Because of the erratic nature of the referral flow it is difficult for staff to maintain a commitment. In our experience there were times when there was enough work for three part-time therapists, while at other times there was enough work for only one.
- It is necessary for the social service funding body to support the counselling service beyond the immediate impact stage. Our finding was that many families were too involved in meeting the basic needs of food, clothing and shelter immediately following the tornado to devote attention to their emotional needs. In fact, over half of the referrals were received after the six to eight week initial impact period and a third remained open nine months later.
- Therapists who were knowledgeable in crisis theory and experienced in child and family therapy were able to work well with the families. They found using the family's own resources to provide support and

security for all family members to be an effective method of resolving the emotional impact of the tornado.*

8.4.6 Public Meetings or Forums

While reception centres or other types of information and referral centres are important emergency period mechanisms for the dissemination of aid program information, certain shortcomings could be alleviated through public meetings or forums for survivors. Not everyone can get to the aid centres easily, and often people dazed from the shocks of the disaster simply do not understand all the information given at the centres just after the event. Public meetings held from one to three weeks after the disaster, coupled with extended aid program eligibility periods, would increase the utilization of programs.

In three recent disasters, survivor information meetings were organized by municipal and provincial emergency measures officials. The format was similar in each case:

- Initial presentation by the chairman explaining the purpose of the meeting.
- Presentations by municipal, provincial, and federal government officials and private business representatives explaining regular services offered, special disaster programs, disaster grants and eligibility requirements.

Personal Services is usually represented by the Director of Emergency Social Services, who explains the types of services offered: income security, child care, outreach and self-help projects.

- Victims are then invited to question panel members. Some of the topics include:
  - requests for additional grants;
  - changes in eligibility requirements;
  - demands for special programs to meet disaster needs;
  - criticism of government programs, insurance adjusters and helpers.

These meetings provide an excellent opportunity for victims to vent their anger, explain their needs, voice their protests, and, sometimes, organize Disaster Victim Advocacy Groups(5, 220).

8.4.7 Advocacy Services

Advocacy is one of the major roles of PS workers following a disaster. They are often called on to mediate the interests and rights of disaster victims with various government agencies, private groups and sometimes with their own agency. Their roles may include(88, 220, 323):

- helping survivors take advantage of all available resources;
- helping people to obtain services when they might otherwise be rejected or to appeal cases if assistance has mistakenly been denied;
- helping to improve, expand or develop services to meet the unrecognized or unmet needs of survivors;
- ensuring that survivors are consulted and included in any post-disaster planning that touches areas such as the relocation and reconstruction of neighbourhoods or communities (housing, parks, recreational facilities), the formulation of policies or programs designed to help them, and the delivery of services;
- assisting people in expressing their problems and needs;
- ensuring that survivors are provided with accurate and complete information regarding the nature of the services, of financial benefits available to them, and of the eligibility requirements.

Sometimes PS personnel or other helpers may have to act as advocates when their own agency is slow or unwilling to implement services or funding that would be beneficial to disaster victims. In circumstances such as these, it is recommended that PS workers encourage the survivors themselves to organize their own advocacy service.

8.4.8 Family and Social Support

Family support is a key to individual and family recovery following a disaster. The extended family may offer more intense and lasting emotional support to survivors then other elements of the community. Figley reports that families provide the following basic support to members who are in distress:

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* "A Family Therapy Response", by Patricia Malane. *Emergency Planning Digest*, Vol. 13, No. 2, 1986.

(1) "*Emotional Support*, or providing care, love, affection, comfort, sympathy, the sense that the supporter is on our side.
(2) *Encouragement*, or a sense that the supporter makes us feel important; praises and compliments us fairly.
(3) *Advice*, or help with solving problems; providing useful information, knows about where to go for help.
(4) *Companionship*, or a social relationship; takes our thoughts off problems; fun to be with.
(5) *Tangible Aid*, or helps with specific tasks such as lending money, providing transportation; helps with chores."*

Survivors' relationships with other members of their social network such as friends, colleagues, co-workers, neighbours will also have a positive, "stress buffering" effect on their physical and mental health.

In some cases, family and social support networks may need information and help to assist them in their task. Outreach workers should assess an individual's or family's support network and reinforce it if necessary. Families who have lost several members or friends may need ongoing support.

PS planners and workers should also attempt to minimize the displacement of families and neighbours. As noted earlier, the allocation of trailers in temporary housing areas should allow survivors to maintain contact with familiar neighbours and friends(29, 183).

8.4.9 Disaster Aid

Most disasters produce situations where there will be some conflict and confrontation between victims and helpers over disaster aid, such as the level of financial and material assistance, assessment of need, program administration and delivery.

Since PS planners and workers are often involved in developing disaster aid policies and guidelines as well as administering them, they should discuss how to handle key disaster aid issues ahead of time.

(i) Financial Aid

Some of the major financial aid-related problems include the following(29, 76, 175):

- *Universal eligibility.* Will persons affected by a disaster be eligible for aid regardless of income?
- *Needs tests.* Will needs tests for financial assistance be waived or will disaster victims have to provide information on income, savings, etc.?
- *Replacement costs.* Will financial aid for property losses be based on depreciated value or replacement cost?
- *Grants or loans.* Will financial aid be in the form of low interest loans or financial grants?
- *Public relief funds.* Are victims who were not insured eligible for public relief funds? If so, what percentage of their losses should be covered? What about people who are insured for house and contents but not for landscaping or fences; should they be eligible? Who should control the relief funds: government? private agencies? victims? What household items should be covered?

(ii) Administration and Delivery of Disaster Aid

Much of the frustration, anger and complaints of disaster victims centres on disaster aid administration and delivery. In order to reduce or eliminate aid distribution problems, the following guidelines are suggested:

a) Delivery of disaster assistance
Regular income security service agencies rely on a formal, centralized, standardized approach for the delivery of financial assistance. This guarantees equality of service to each individual. Yet in a disaster, people can fiercely resent such an approach. They view their circumstances as "accidental" and they expect disaster assistance to be delivered differently than "welfare"(112). Survivors want programs or services to be(129, 315):

- exempted from regular processes and routines in order to minimize delays and "red tape," which are sources of irritation;
- more supportive and informal;
- less bureaucratic and more decentralized;
- more flexible, with workers having wider powers of discretion and easy access to senior administrators for approval of special needs; and

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* "Catastrophes: An Overview of Family Reactions," by Charles R. Figley. In *Stress and the Family, Vol. II: Coping with Catastrophe*. Edited by Charles R. Figley and Hamilton I. McCubbin. New York: Brunner/Mazel Pub., 1983.

- based on assumption of need or partial investigation of circumstances in the early phases of a disaster.

b) Coordination and cooperation

A lack of coordination and cooperation among agencies is a common problem in the post-disaster delivery of services. Some agencies are even guilty of competing with each other for the delivery of services. Coordination and cooperation among agencies can help in:

- focussing their energy and resources;
- developing uniform disaster policies and their application;
- avoiding waste, duplication of services, inefficiency, and uneven distribution of materials and resources to disaster victims;
- avoiding tensions among agencies and between helpers and victims.

c) Collaboration with informal helping groups

Disaster experience shows that formal helping agencies, government or private, often benefit from the activities of people or groups who are not tied to government regulations or policies. Church groups and service clubs, for example, often find unique and personal ways to serve disaster victims. These services can include(40):

- providing funding for special projects;
- free use of material resources or facilities;
- volunteer labour for clean-up and repairs;
- person-to-person assistance and advocacy;
- organization of volunteers;
- assistance with initial assessment of damages.

Collaboration and consultation between formal and informal helping resources is essential for smooth and rapid delivery of disaster aid.

d) Consumer counselling services

Following a major disaster, some disaster victims have been further victimized by unscrupulous repairmen and contractors. A critical stage is about two weeks after the disaster, when most people are ready to repair or rebuild. To avoid these problems, set up an information or consumer counselling service where representatives from all levels of government and local businesses can provide information, assistance and advice concerning various types of consumer-related issues.

With regard to reconstruction, consumer counsellors and the media could advise victims(19, 51, 352):

- To request quotes on repair costs from several contractors. An independent building expert could provide free damage estimates to disaster victims or assess repair needs and costs and evaluate construction bids;
- Not to sign contracts until they have verified reliability and solvency of contractors with the local Better Business Bureau, city building inspectors and local building association. A list of reputable well-known local contractors could be available for consultation on estimates and repairs;
- To retain a percentage of agreed costs until repair work has been completed and inspected. They should request and retain copies of damage estimates;
- To hold contractors to the agreed price. Some contractors have been known to exceed the original costs and demand that the client pay the difference.

Note: Advocates could follow up on contractors to ensure that the elderly, for example, are well served.

In dealing with insurance claims, victims may require:

- assistance in negotiating with insurance companies regarding their losses;
- help in understanding claims and application forms, in listing losses, and in filing claims;
- advice from an independent appraiser that property damage is properly and fairly assessed.

Victims may also require legal advice regarding claims, contracts or business losses.

(iii) Timing the Delivery of Disaster Aid

Disaster research indicates that because some disaster victims recover more slowly than others and take more time to reorganize or make plans for themselves, it is important that emergency social service programs extend the time periods for disaster-related service programs and benefits. Indeed, services may come too closely on the heels of the disaster; survivors may not need the type of services offered at that time, or they may still be too confused or disorganized to fully utilize them(29).

8.4.10 Needs Assessment

To be effective, PS personnel must continually adapt their roles and services to meet the changing needs of survivors. An ongoing needs assessment mechanism must therefore be put in place.

(i) Initial Assessment

This assessment should be rapid, simple and reasonably accurate since the information will be used to(191):

- determine the nature and extent of damages;
- identify areas of greatest need;
- set service priorities and delivery strategies;
- survey groups affected by the disaster.

(ii) Later Assessment

Later, a more detailed assessment can be made in order to establish a baseline for judging future service needs. Statistical and evaluative information from emergency measures officials, municipal agencies, hospitals and schools can objectively indicate the extent of community, social and economic disruption(332). It can also indirectly suggest the nature, range and scope of problems that have bearing on PS needs, such as:

- number of persons killed and seriously injured;
- number of homes destroyed and severely damaged;
- number of businesses destroyed and jobs lost;
- schools affected by a drop in attendance;
- disruption of public services – utilities, transport, communication;
- survivor contact with income security agencies;
- number of people who have relocated.

8.4.11 Confidentiality and Privacy(351)

A helping person is in a privileged position. Helping someone in need implies a sharing of problems, concerns and anxieties – sometimes with intimate details. This special sharing cannot be done without a sense of trust, built upon mutual respect and the explicit understanding that all discussions are confidential. No information should be discussed elsewhere without the consent of the person being helped (except in extreme emergency where it is judged the person will harm himself or others). It is only by maintaining the trust and respect of the client that the privilege of helping can continue to be exercised.

Chapter IX

Training

9.1 Responsibility

The Personal Services (PS) Chief is responsible for training or arranging for the training of PS staff. Training should cover the total PS operation as well as individual assignments.

9.2 Training Program Content

The PS training program should include the following:

- orientation to Community Emergency Planning;
- purpose and role of Emergency Social Services Planning;
- role and function of PS;
- roles and responsibilities of PS staff;
- PS operational procedures at reception centres and other operational sites;
- integration and coordination of PS with the other four Emergency Social Services;
- information on disasters and their impact on people's lives;
- background information on disaster phases and accompanying behaviour;
- information on the personal reactions and needs of various age groups (children, adults, elderly) and helpers and how they can best be handled;
- information on the PS helping process: the immediate, short and long-term services that need to be put into place after the disaster;
- training in the following areas for volunteers and paraprofessionals:
  - crisis intervention;
  - active listening;
  - communication and response skills;
  - information on stress, grief, anger, guilt, problems-in-living, etc.;
  - information on community resources;
  - confidentiality.

9.3 Role Playing

Role playing is one learning method that is useful in familiarizing professionals and volunteers with ways of handling disaster-related problems. It gives all those involved an experience which is not too far afield from the actual situation.

Role-playing various kinds of helping situations will allow PS workers to see and to try out various styles or approaches in helping people. The following role-playing situations* represent some common problems that PS workers might expect to deal with following a disaster.

- You are a member of the Personal Services team at a reception centre. Hundreds of people have had to leave their homes following a tornado and are being given food and temporary lodging by Emergency Social Services. You circulate through them and talk at length with a family of five – a father, mother, and three small children. You learn they have lost their house and are wondering what to do next. How would you help them?
- You are a PS worker at a reception centre. You have been asked by one of the Emergency Measures officials to help a woman of 65 who has lost her house and all her possessions in a devastating tornado. She was sitting dazed amidst the wreckage and was finally persuaded to come to the reception centre to get help. She has been alone in her house for years. Her only sources of income are Old Age Security and Guaranteed Income Security. She has one daughter who lives in a small town 50 kilometres away. She has always been independent, but now seems overwhelmed by the catastrophe. How could you help?

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* Adapted from: U.S. Dept. of Health and Human Services, National Institute of Mental Health. *Training Manual for Human Service Workers in Major Disasters*, Farberow, N.L., and Gordon, N.S. Washington, D.C.: Supt of Docs. U.S. Govt. Print. Off. 1977.

- You are interviewing a couple in their temporary mobile home supplied by the municipal housing authority. They have two children. Plans for rebuilding are progressing slowly. An additional concern is the youngest child, a 3-year-old girl. She seems to have become unruly and "whiney", and has been having frequent nightmares. The mother doesn't feel happy about having to live in such cramped quarters with an unhappy child for another year. The young couple is also experiencing communication problems including numerous conflicts in joint decision-making.

  Which is the main problem? Rebuilding the house, the difficulties with the youngest child, or their problems as a couple? How can you help?

  Is professional help needed for anyone? For whom? How do you help them to plan, and achieve mutual agreement on what to do first and how?

- You are visiting the mother of a 6-year-old boy. She is worried about the boy's behaviour in school and at home. He is reluctant to play, has to be coaxed, and follows her around all the time. She feels he no longer cares for school, something he had always enjoyed before. You agree to talk to the teacher who confirms that the child doesn't listen and is difficult to control. What can you do to help the mother and her child as well as the teacher?
- You are a PS worker at a temporary morgue. Many of the victims who come in to identify dead members of their family are devastated.

  How do you help survivors to:
  - confront the reality of their loss?
  - express their grief?
  - receive additional emotional support in the following days and weeks?

- The disaster occurred nearly three months earlier. You are visiting a farmer who is close to retirement. He needs to borrow $250,000 to rebuild his barn but is unsure if he should start over again. He is confused and disorganized. He wants your advice about taking out such a large loan. How can you help?
- You are a PS worker assigned to the telephone help line. A call comes in from a middle-aged woman who wants to know the telephone number of welfare services. She seems upset. You know the phone lines to welfare services have been jammed all day and that she won't be able to reach them. What assistance can you offer the caller? What are its limits?

9.4 Recruiting Trainers

The chief of PS can call upon various local or regional social service agencies or other community resources to assist in training PS staff. Distress centres, family service and mental health agencies, and funeral counsellors have experienced resource persons who could offer training in basic communication and crisis intervention skills.

9.5 Education Programs for Emergency Response Personnel

A major responsibility of PS is to ensure that emergency response personnel who work closely with individuals and families in a disaster are familiar with the emotional reactions of survivors and how best to handle them. Front-line workers such as police, fire, ambulance and rescue workers, health specialists, emergency measures officials, Red Cross and Salvation Army workers, and various government officials are in key positions to help reduce the predictable emotional fallout after a disaster. Other responders from private businesses such as insurance assessors and adjusters, contractors and builders, who come into direct contact with survivors, should also be informed of victims' reactions and how they can help relieve some of the stress. Their guidance and reassurance to families struggling to cope with disaster stresses would be invaluable. These education programs could be offered as part of regular in-service training programs(52, 80, 235).

9.6 Public Education Programs

Personal Services are responsible for providing information on disaster victims' personal reactions and needs to the general public, civic officials, community and church groups, or professional associations through various media such as newspaper articles, public service announcements on TV or radio and public speaking engagements. PS should help the general public become aware of the sources of stress following a disaster and how families can cope effectively. Public education programs are an important preventive strategy.

9.7 Consulting Services

After a major disaster, the PS chief and outreach coordinator can expect to be called on to provide consultation and training on the psychosocial reactions and needs of survivors to various community agencies and groups(2, 80, 271).

Chapter X

Personal Services Plan

10.1 Planning Responsibilities

In order to respond promptly to the needs of disaster victims, PS must have a written plan that can be implemented in an organized and coordinated manner as soon as a disaster occurs.

The PS plan is developed by the PS Chief and the planning committee. Once written, the PS plan becomes a part of the ESS response plan, which in turn is part of the overall community emergency response plan. Therefore, the PS plan should be read in conjunction with these plans.

10.2 Some Characteristics of a PS Plan

The PS plan should be clear, concise, realistic and kept up to date. It should be flexible enough to allow on-site staff to improvise and make adjustments to meet the changing situations and needs inherent to an emergency situation. PS planners should, as part of their planning process, attempt to anticipate typical problems that could arise within the PS service in an emergency and develop alternate solutions to these problems.

10.3 Plan Content

The following information is a guide to a possible format for writing a plan. A brief explanation of each suggested heading is provided, plus, where applicable, some typical annexes that may be included.

a) Name
The plan should have a name to distinguish it from other plans.

b) Purpose
A statement giving the aim of the plan.

c) Organization and Line of Authority
A statement on the organization and channels of authority with specific details provided in annexes such as:

- organization charts (see Appendix B); and
- lines of succession and alternates.

d) Implementation of the Plan
Specific details on when the plan is to be implemented and by whom.

e) Alerting Procedures
A statement with specific details provided in annexes such as:

- the alert organization to include alternates and levels of response for agencies and individuals; and
- the fan out or recall procedures including an alternate method.

f) Resources
A statement with specific details in annexes which should detail resources required such as:

- *Personnel*
  Name, address and telephone number* of all trained PS workers and their job assignments. Remember that you may require back-up staff if initial response staff become fatigued.
- *PS Resources*
  Address and telephone numbers* of Reception Centres and other assembly sites. Name, address and telephone numbers of persons who have access to these facilities.
- *Communication*
  Name, address, and telephone numbers of persons or organizations who have agreed to assist PS with their communication needs (amateur radio, CB clubs, telephone company, messenger service).

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* Home and business numbers.

- *Supplies and Equipment*
  Checklist of all PS equipment and supplies (see Appendix C) and their location. Name, address and telephone numbers* of persons who have access to same.
- *Multilingual and Other Communication Services*
  Name, address, telephone numbers* and communication abilities of persons who have agreed to assist PS – see page 17.

g) Training

A statement with specific details provided in an annex to include:

- Who is responsible for the training program?
- When and where the training will be conducted?
- By whom the training will be carried out?

h) Testing the Plan

A statement with an accompanying annex to include:

- Who is responsible for testing the plan?
- How often the plan will be tested?

i) Reviewing and Up-dating

This section should include methods of review and procedures for updating the plan.

Remember that the plan should be adjusted to meet the particular needs and resources of your community.

10.4 Letter of Agreement

A written statement of agreement should be negotiated with organizations who have agreed to provide personnel, facilities and equipment to support or operate the PS service.

10.5 Testing the PS Operation

After a local PS plan has been drawn up, workers recruited and trained, equipment and supplies located, the next logical step is to test the organizational and operational response plans, procedures and workers' performance. One of the best ways to do this is to hold a series of exercises. The first ones should be "paper exercises" involving PS in only one reception centre or other site (hospital, morgue). These should be followed by others more ambitious in size and scope involving all five emergency social services. These exercises should be coordinated by the Director of Emergency Social Services.

Exercises show up the strengths and weaknesses of the plan and the performance of the workers. They indicate whether the program, as it stands, can achieve its aims, and whether positions are properly defined. An evaluation with the staff should follow each exercise and, if necessary, corrections made to the plan.

10.6 Distributing the Plan

The distribution of the plan is sometimes overlooked by emergency planners. An emergency plan is of no use if the plan and its provisions are only known to the person who prepared it.

To ensure coordination and cooperation in the event of an emergency, the content of the PS plan should therefore be made known to relevant emergency response organizations and agencies who will be involved or affected by its execution, such as police, fire, health, school board and so on. The distribution of the PS plan to interested parties is paramount if the desired results are to be achieved during its implementation.

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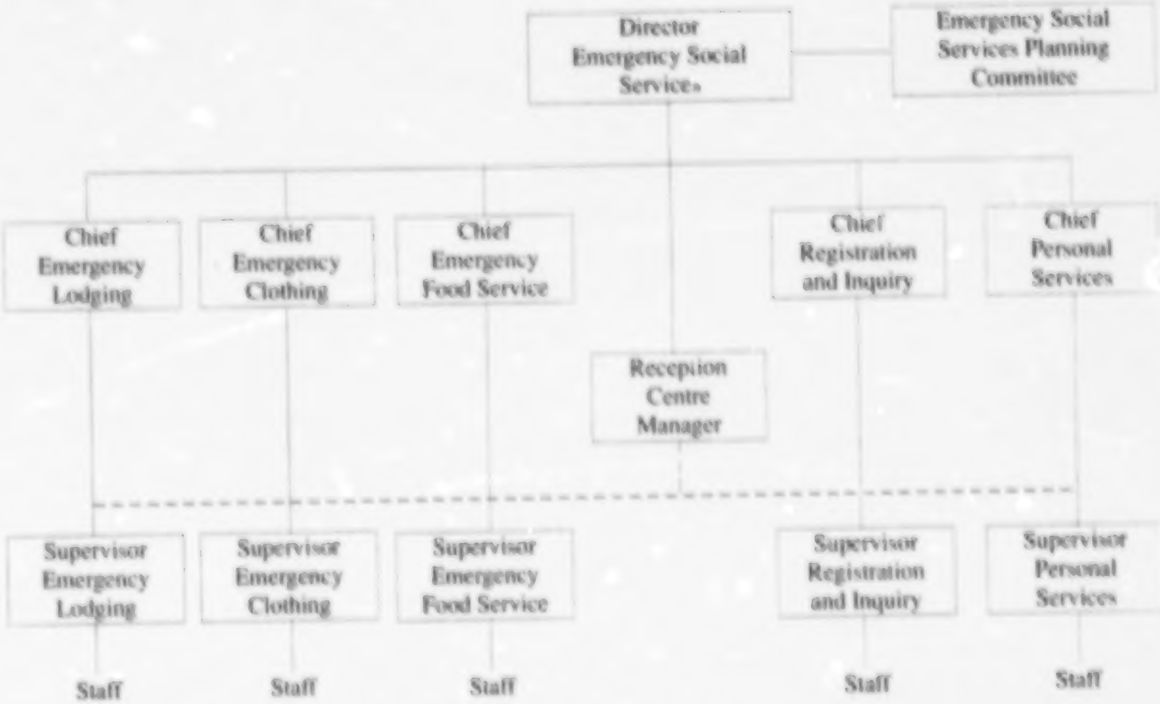
* Home and business numbers.

Appendix A

Emergency Social Services Organization Chart

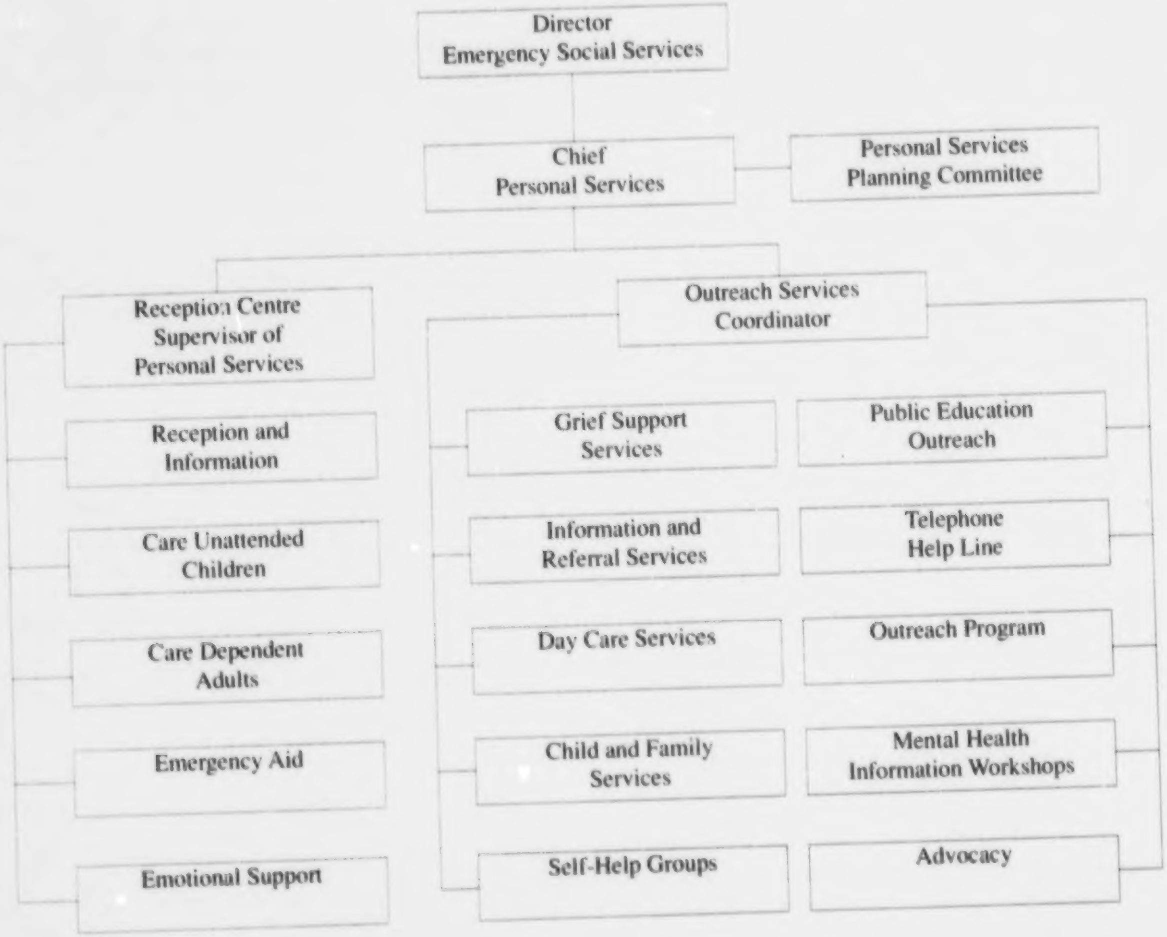

Director
Emergency Social Services
Emergency Social Services Planning Committee
Chief Emergency Lodging
Chief Emergency Clothing
Chief Emergency Food Service
Chief Registration and Inquiry
Chief Personal Services
Reception Centre Manager
Supervisor Emergency Lodging
Supervisor Emergency Clothing
Supervisor Emergency Food Service
Supervisor Registration and Inquiry
Supervisor Personal Services
Staff
Staff
Staff
Staff
Staff

Notes:

1. Supervisors of each service at Reception Centres report to the:
   ______ Chief of their assigned services for operational matters
   - - - - - - Reception Centre Manager for administrative matters.
2. Depending on the number of evacuees to be received, some of these positions may require assistants.
3. In small municipalities some of the above positions may be combined.
4. Lines of successions are required for all positions.

Appendix B

Personal Services Organization Chart


Director
Emergency Social Services
Chief
Personal Services
Personal Services
Planning Committee
Reception Centre
Supervisor of
Personal Services
Reception and
Information
Care Unattended
Children
Care Dependent
Adults
Emergency Aid
Emotional Support
Outreach Services
Coordinator
Grief Support
Services
Information and
Referral Services
Day Care Services
Child and Family
Services
Self-Help Groups
Public Education
Outreach
Telephone
Help Line
Outreach Program
Mental Health
Information Workshops
Advocacy

Appendix C

Space, Equipment and Supplies Required by Personal Services at Operational Sites

The following is a detailed analysis of the space, equipment and supplies required by Personal Services (PS) staff at operational sites.

1. Emergency Social Service Headquarters

1.1 Space

The size and location of space for PS operation at Headquarters is dependent on the size of the community. Office space for the Personal Services Chief and/or deputy chief is allotted by the ESS Director.

1.2 Equipment and Supplies

In addition to the usual office equipment, special equipment such as maps, overlays, resources boards, message forms and log sheets should be available. Records, such as the Personal Services plan, are essential.

2. Reception Centre

2.1 Space

Space is assigned by the Reception Centre manager based on the size and layout of the Reception Centre and number of evacuees to be received.

2.1.1 Reception and Information

Space for reception purpose in a Reception Centre will vary according to the layout and structure of the building. The reception area should be at the entrance of the Reception Centre so that the flow of evacuees through it to the various five Emergency Social Services can be easily accomplished. This room should have an entrance and an exit, as many people will come for information only. Seating facilities may be required.

2.1.2 Unattended Children and Dependent Adults

Temporary reception space for children and adults should be provided in the Reception Centre away from the noise and confusion and close to toilets.

2.1.3 Emotional Support and Emergency Aid

At the outset, space for counsellors will be required. In contrast to the four other ESS where demands for service will decrease quickly after the first few days, the work of the PS will increase greatly and some of the space may have to be reassigned to PS.

2.2 Equipment and Supplies Required

2.2.1 Reception and Information

- Public address system*
- Directional and other signs*
- Hats, badges and/or arm bands for workers*
- Chairs or benches
- Desk or table for information
- Paper
- Pencils*

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* Items marked with an asterisk are available in the Reception Centre Kit.

2.2.2 *Unattended Children and Dependent Adults*

For the care of unattended children and dependent adults in the Reception Centre, the following is a list of equipment and supplies that may be required:

- Chairs
- Safety pins
- Cots
- Disposable diapers
- Blankets
- Talcum powder
- Wet ones
- Paper towels and soap
- Play material (games, books, toys, crayons, etc.)
- Kleenex
- Reading material

2.2.3 *Special Care*

Extra equipment and supplies should also be arranged where required.

2.2.4 *Emotional Support and Emergency Aid*

- Tables or desks, chairs
- Materials for improvisation of booths, if needed
- Paper, pencils*, pens, carbon paper
- Necessary forms
- Filing cases and/or boxes
- Office supplies (paper clips, erasers, etc.)

3. Reception Centre Kits

The Reception Centre Kit is a plywood case containing the basic operational forms, stationery supplies, and equipment necessary to set up and operate the five Emergency Social Services in a Reception Centre.

Location of Kits

A limited number of Reception Centre Kits are strategically located throughout the country. Should an emergency occur, provincial authorities may obtain and use them in accordance with existing arrangements respecting federally owned equipment.

Provincial Emergency Social Services Directors may obtain one Reception Centre Kit to be used for demonstration, display and training purposes. Further information regarding Reception Centre supplies and equipment may be obtained by writing to the Provincial Emergency Social Services Division.

Supplementary Items

Supplementary items required to operate Personal Services should be obtained locally.

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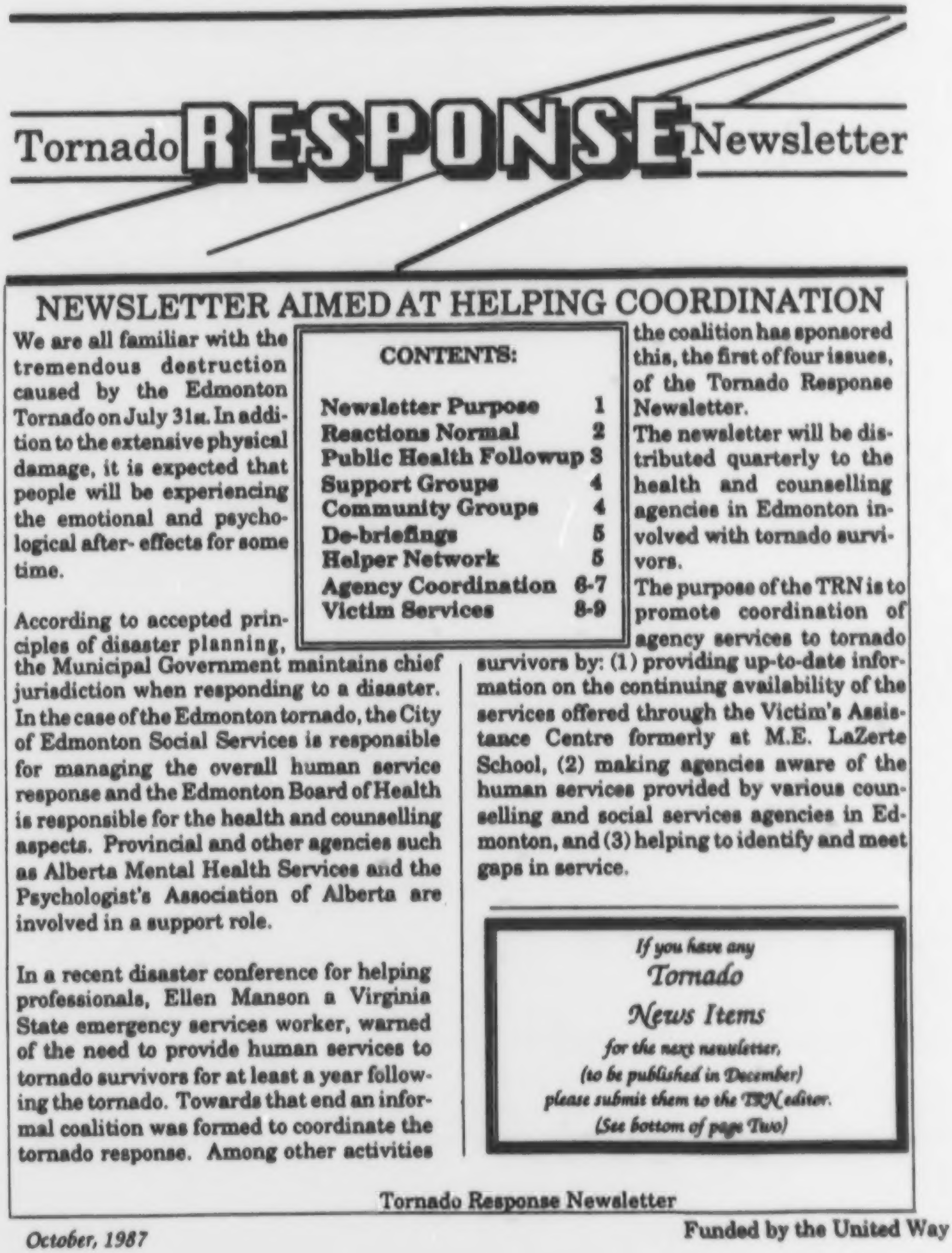
* Items marked with an asterisk are available in the Reception Centre Kit.

Appendix D



Tornado RESPONSE Newsletter

NEWSLETTER AIMED AT HELPING COORDINATION

We are all familiar with the tremendous destruction caused by the Edmonton Tornado on July 31st. In addition to the extensive physical damage, it is expected that people will be experiencing the emotional and psychological after- effects for some time.

According to accepted principles of disaster planning, the Municipal Government maintains chief jurisdiction when responding to a disaster. In the case of the Edmonton tornado, the City of Edmonton Social Services is responsible for managing the overall human service response and the Edmonton Board of Health is responsible for the health and counselling aspects. Provincial and other agencies such as Alberta Mental Health Services and the Psychologist's Association of Alberta are involved in a support role.

In a recent disaster conference for helping professionals, Ellen Manson a Virginia State emergency services worker, warned of the need to provide human services to tornado survivors for at least a year following the tornado. Towards that end an informal coalition was formed to coordinate the tornado response. Among other activities the coalition has sponsored this, the first of four issues, of the Tornado Response Newsletter.

The newsletter will be distributed quarterly to the health and counselling agencies in Edmonton involved with tornado survivors.

The purpose of the TRN is to promote coordination of agency services to tornado survivors by: (1) providing up-to-date information on the continuing availability of the services offered through the Victim's Assistance Centre formerly at M.E. LaZerte School, (2) making agencies aware of the human services provided by various counselling and social services agencies in Edmonton, and (3) helping to identify and meet gaps in service.

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Community Groups 4
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Victim Services 8-9

If you have any
Tornado
News Items
for the next newsletter,
(to be published in December)
please submit them to the TRN editor.
(See bottom of page Two)

Tornado Response Newsletter

October, 1987

Funded by the United Way

AGENCY COORDINATION

In August a letter was sent to each of the counselling agencies of Edmonton requesting a description of the services the agency would provide to tornado survivors. The responses to this request are being made known to increase awareness and improve coordination among the various agencies responding to tornado survivors.

Agency Name, Address & Phone	Type of Service	Response Time Fee
Edmonton Board of Health Main Office #500 , 10216-124 St. Ph. 482-1965 Referrals can be made to Public Health Centres. Listing in telephone book in City of Edmonton Blue Pages under Edmonton Board of Health or phone above number for information.	PHNs will provide: - assessment - counselling - education - anticipatory guidance - - information regarding community resources and agencies - referral .Services will be provided to all clients identified as being affected by the tornado through outreach, referral or request. Clients may be -individuals, families, schools, day cares, seniors residences, staff members, support groups or community groups. Services will be provided in homes, school, day cares, Public Health Centres or anywhere in the community. Physicians providing medical consultation services to the eleven regional health centres in Edmonton will review parental concerns about children's behaviour. Issues such as sleep disturbance, anxiety, insecurity and school learning difficulties can be assessed in the context of the child's health and general development. AID Book Listing #260	Follow-up on referrals will be within 48 hours or sooner if indicated. There is no charge for service.
Family Service Association of Edmonton 9912-106 Street Ph. 423-2831	- Short term intensive counselling services to individuals, couples, and families. - If required a support group may be instructed. - Homemaker Services- short term for families with children - usual length of services 2-6 weeks but will be assessed on an individual basis. AID Book Listing #338	Service on a priority basis.
Alberta Mental Health Services 5th Floor 9942-108 Street Ph. 427-4444 Contacts: Adults - Sharon Robertson 427-0576 Seniors - Ellen Darby 427-4439 Children & Adolescents Regina Beckett 427-4623 Contacts: Virginia Smith 427-0573 Mike Provencher 427-342 Bernie Krewski 427-3435	- assessment - treatment - education to individuals at risk of or suffering from mental illness or disorders. - consultation on individual cases - organize and operate therapy groups for clients - education and networking - debriefing AID Book Listing #85	Referrals will be accepted on a priority basis. There is no charge for service.

Agency Name, Address & Phone	Type of Service	Response Time Fee
Edmonton Social Services Main Office 5th Floor, Centennial Library 7 Sir Winston Churchill Sq.Ph. 428-5270	Initial Assessment & Referral —after referral clients are directly assigned to a social worker and a particular program which meets their needs. If Edmonton Social Services cannot meet the need of referred clients, intake worker will further assist and advocate on client's behalf to ensure that appropriate community service be made available to them. Programs: - Individual and Family -Support to Seniors. -Community Work Program (community workers available to assist community groups).	Individuals under very significant stress will be dealt with immediately.
The Personal Development Centre 12323 Stony Plain Road Ph. 488-7666	Families can be seen by our affiliated chartered psychologists. Courses - include stress management, anger, depression, and self esteem for young people. See Fall/Winter Brochure. AID Book Listing #485	- Within 24 hours. - Willing to explore with clients their specific needs for subsidies.
Family Life Education Council 10835 - 124 Street Ph. 451-6335	Programs - Drop In, Building Self- Confidence, It's Just Your Nerves, Tai Chi Chik and Feldenkrais (for relaxation), Couple Communication. See Fall Brochure. Available meeting room space offered to selfhelp groups at no charge. AID Book Listing #337	Program fees will be waived for those in need. Referrals accepted from health professionals.
Jewish Family Services Rm 606 McLeod Building Ph. 424-6346	- Family Counselling -premarital-marital-individual -family therapy, divorce mediation, - blended family, step parenting, - single parents -adolescent & school age -vocational & career planning - employment needs,additional services AID Book Listing #390	Referrals Readily accepted. No charge for service
Catholic Social Services Main Office 8815 - 99 Street Ph. 432-1137 Contact: Susan Fitzgerald	- Family, Marital and Individual Counselling - advocacy, general Service Information and Counselling, inservice to teachers, telephone consultation, workshops or information sessions - rap groups or therapy groups-for any age group or mix of parents and children. AID Book Listing #195	Rapid response to requests. No charge for service (sliding fee scale suspended).

We wish to thank the Edmonton Board of Health for permission to reprint their newsletter in this manual.

Appendix E

Helping Activities for Parents, Teachers, Counsellors and Child Care Workers of Children of Preschool and Elementary School Age

Introduction

In previous disasters, teachers, school boards, mental health agencies, family and children service agencies, community and church groups have responded to the physical and emotional needs of children with creative classroom and community activities to assist them in ventilating and integrating their disaster experiences.

The following activities and suggestions are meant to be vehicles for expression and discussion for children of preschool and elementary school age. They are important steps in the healing process in the weeks and months following a disaster but also appropriate in a particular season associated with a previous disaster or on the anniversary date of a disaster.

Preschool Activities

1. Availability of toys that encourage play reenactment of childrens' experiences and observations during the disaster can be helpful to them in integrating these experiences. These might include fire trucks, dump trucks, rescue trucks, ambulance, building blocks or playing with puppets, dolls, as ways for the child to ventilate his or her own feelings about what has occurred.

2. Children need lots of physical contact during times of stress to help them re-establish personal boundaries and a sense of security. Games that involve physical touching among children within a structure are helpful in this regard. Some examples might be:
   a) Ring Around the Rosie
   b) London Bridge
   c) Duck, Duck, Goose

3. Providing extra amounts of finger foods, in small portions, and fluids is a concrete way of supplying the emotional and physical nourishment children need in times of stress. Oral satisfaction is especially necessary as children tend to revert to more regressive behaviour in response to feeling that their survival or security is threatened.

Elementary School Activities

4. Help or encourage the children to develop skits or puppet shows about what happened in the disaster. Encourage them to include anything positive about the experience as well as those aspects that were frightening or disconcerting.

5. Do a group mural on butcher paper with topics such as, "what happened in your neighbourhood (school or home) when the big storm hit". This is recommended for small groups with discussion afterward, facilitated by an adult. This will help them feel less isolated with their fears and provide the opportunity to vent their feelings.

6. "Short stories" told to an adult on a one-to-one basis on such topics as "what I do and don't like about the rain." This activity can help the child verbalize his/her fears, as well as to perhaps get back in touch with previous positive associations with the disruptive phenomena.

7. In small groups, have each child take a turn at answering the question, "If you were an animal, what would you be and what would you do if it started raining hard?" This can be a nonthreatening way for the children to express their fears. The adult might end each turn by having them tell how they would make themselves safe as a child rather than as an animal.

8. Have the children draw pictures and then talk about them in small groups on such topics as (a) What happened when the disaster hit? (b) How did you help your family during the flood or storm. (c) How could your help your parents if you were in another disaster? How can we be prepared for a disaster? (d) Did anything good happen during the storm? (e) What did you, or anyone you know, lose during the storm? It is important in the group discussion to end on a positive note, e.g., feeling of mastery or preparedness, noting that the community or family pulled together to deal with the crisis, etc., as well as to provide a vehicle for expressing their feelings about what took place and to discover that others share their fears.

9. Stimulate group discussion about disaster experiences by showing your own feelings, fears or experiences during the flood. It is very important to legitimize their feelings and to help them feel less isolated.

10. Have the children brainstorm on their own classroom or family disaster plan. What would they do? What would they take if they had to evacuate? How would they contact parents? How should the family be prepared? How could they help the family? Encourage them to discuss these things with their families.

11. Encourage class activities in which children can organize or build projects (scrapbooks, replicas, etc.), thus giving them a sense of mastery and ability to organize what seem like chaotic and confusing events.

12. Encourage "disaster" games in which children set rules and develop outcomes which can allow them to develop feelings of mastery over events.

Source: *U.S. Department of Health and Human Services*. National Institute of Mental Health. Outreach Materials for Teachers: Marin and San Mateo Counties, California, 1982. In: *Innovations in Mental Health Services to Disaster Victims*. Lystad, M. ed. Washington, D.C.: Supt. of Docs, U.S. Govt. Print. Off., 1985, pp. 110-113.

Appendix F

Helping Activities for Teachers, Counsellors and Child Care Workers of Students of Junior High and High School Age

Introduction

Adolescents find it easier to relate to each other than to adults. School and community self-help groups organized after the Barrie and Edmonton tornadoes demonstrated that adolescents gain a lot from a group experience in which they can talk openly and honestly about their feelings after a disaster. Such groups enable them to express their fears in front of their peers once they are reassured that having fears and anxieties is normal and that other adolescents also have these feelings.

Classroom and community activities should aim at empowering adolescents. The various activities should encourage them to move from feelings of powerlessness to ones of security and control, from feelings of insecurity and fear to ones of confidence and competence, and from feelings of anger, anxiety and guilt to ones of mastery and acceptance.

The following activities have been helpful to students of junior high and senior high school age.

1. *Group discussion* of their experiences of the disaster is particularly important among adolescents. They need the opportunity to vent as well as to normalize the extreme emotions that come up for them. A good way to stimulate such a discussion is for the leader to share his/her own reactions to the disaster. They may need considerable reassurance that even extreme emotions and "crazy thoughts" are normal in a disaster. It is important to end such discussions on a positive note (e.g., What heroic acts were observed? How can we be of help at home or in the community? How could we be more prepared for a disaster?) Such discussion is appropriate for any course of study in that it can facilitate a return to more normal functioning.

2. *Disaster Planning*. Break the class into small groups and have them develop a disaster plan for their home, school or community. This can be helpful in restoring a sense of mastery and security, as well as having practical merit. The small groups might then share their plans in a discussion with the entire class. Encourage students to share their plans with their families. They may wish to conduct a "Family Disaster Preparedness" meeting and invite family members and disaster preparedness experts to participate.

3. *Conduct a class discussion and/or support a class project* on how the students might help the community rehabilitation effort. It is important to help them develop concrete and realistic ways to be of assistance. This helps them to overcome the feelings of helplessness, frustration, and "survivor's guilt" that are common in disaster situations.

4. *Classroom activities* that relate the disaster to course study can be a good way to help the students integrate their own experience or observations while providing specific learning experiences. In implementing the following suggestions (or similar ideas of your own) it is very important to allow time for the students to discuss feelings that are stimulated by the projects or issues covered.

5. *Journalism*. Have the students write stories that cover different aspects of the disaster. These might include community impact, lawsuits that result from the disaster, human interest stories from fellow students, geological impact, etc. Issues such

as accurate reporting of catastrophic events and sensationalism might be discussed. The stories might be compiled into a special student publication.

6. *Science*. Cover scientific aspects of the disaster, e.g., discuss climatic conditions, geological impact, etc. Projects about stress: physiological responses to stress and methods of dealing with it. Discuss how flocks of birds, herds of animals, etc., band together and work in a threatening or emergency situation. What can be learned from their instinctive actions?

7. *English Composition*. Have the students write about their own experiences in the disaster. Such issues as the problems that arise in conveying heavy emotional tone without being overly dramatic might be discussed.

8. *Literature*. Have students report on natural disasters in Greek mythology, Canadian, British and American literature, in poetry.

9. *Psychology*. Have the students apply what they have learned in the course to the emotions, behaviours and stress reactions they felt or observed in the disaster. Cover post-traumatic stress syndrome. Have a guest speaker from the mental health professions involved in disaster work with victims, etc. Have students discuss (from their own experience) what things have been most helpful in dealing with disaster-related stress. Have students develop a mental health education brochure discussing emotional/behavioral reactions to disaster and things that are helpful in coping with disaster-related stress. Have students conduct a survey among their parents or friends: What was the most dangerous situation in which you ever found yourself? How did you react psychologically?

10. *Peer Counselling*. Provide special information on common responses to disaster; encourage the students' helping each other integrate their own experiences.

11. *Health*. Discuss emotional reactions to disaster, the importance of taking care of one's own emotional and physical well-being, etc. Discuss health implications of the disaster, e.g., water contamination, food that may have gone bad due to lack of refrigeration, and other health precautions and safety measures. Discuss the effects of adrenalin on the body during stress and danger.

    A guest speaker from Public Health and/or Mental Health might be invited to the class. Following the Barrie Tornado, for example, a physiotherapist from a local hospital conducted two relaxation technique sessions with a teen group. At the first session, recognizing and expressing feelings and methods of redirecting thoughts in times of stress were discussed and practised. During the second session, teens were instructed on becoming aware of physical manifestations of stress and how to relax their body.

12. *Art*. Have the students portray their experiences of the disaster in various art media. This may be done individually or as a group effort (e.g., making a mural).

13. *Speech/Drama*. Have the students portray the catastrophic emotions that come up in response to a disaster. Have them develop a skit or play on some aspects of the event. Conduct a debate: Resolved: Women are more psychologically prepared to handle stress than men (or vice-versa).

14. *Math*. Have the class solve mathematical problems related to the impact of the disaster (e.g., build questions around gallons of water lost, cubic metres of earth that moved in a mud slide).

15. *Government*. Study governmental agencies responsible for aid to victims, how they work, how effective they are, the political implications within a community. Examine the community systems and how the stress of the disaster has affected them. Have students invite a local governmental official to class to discuss disaster precautions, warning systems, etc. Have students contact federal, provincial legislators regarding recent disaster-related acts passed or pending. How will this legislation affect your community and other areas of the province? Visit local Emergency Operation Centres and learn about their functions.

16. *History*. Have students report on natural disasters that have occurred in your community or geographic area and what lessons were learned that can be useful in preparing for future disasters.

Source: U.S. Department of Health and Human Services. National Institute of Mental Health. Outreach Materials for Teachers: Marin and San Mateo Counties, California 1982. In: *Innovations in Mental Health Services to Disaster Victims*. Lystad, M. ed. Washington, D.C.: Supt. of Docs, U.S. Govt. Print Off. 1985. pp. 113-116.

Appendix G

Some Emotional Reactions to Disaster

A disaster is not over when the immediate danger is passed. There can be an emotional impact on persons who were directly affected by the tornado as well as many support persons who did not suffer personal loss or injury but were involved in rescue and rehabilitation.

One of the major things that happens in many disasters is that people experience losses such as:

- a family member, a friend
- a home
- a neighbourhood
- a job or business
- a pet
- possessions
- or even one of the many simple things which might be emotionally meaningful.

It is normal for you to experience grief reactions as a result of these losses, for example, you may feel:

- sad
- helpless
- irritable
- angry
- afraid
- or have trouble sleeping, concentrating, eating or want to be alone

It is important for those affected to recognize their reactions and to share their experiences as a family, and with friends and neighbours who can best help by listening and respecting the need of victims to talk about their feelings.

If you would like to talk with a counsellor about what you or one of your family members are going through, please call:

- 726-0100 for Barrie Area residents
- 729-2294 for South Simcoe residents

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* This information was prepared by the Ontario Ministry of Community and Social Services, Barrie Office with thankful co-operation from Tamarac Family Guidance Centre, Simcoe County District Health Unit and Emergency Services Division, Health and Welfare Canada.

Appendix H

PCB's and Stress
How to Cope

St-Basile-le-Grand, August 23, 1988

Since the PCB warehouse fire this past August 23, your day to day life has been totally disrupted. You have had to find a place to stay, purchase some clothing, find out just what is happening, what steps need to be taken, undergo medical examinations.

You are deprived of the use of your home. Your children are separated from their friends, their toys, their pets. You are being kept away from an environment that holds a very special place in your hearts. Some people are left feeling vulnerable and powerless.

You have been staying with friends or relatives or in a hotel or motel room. Some people can take all of these changes more or less in their stride while others feel a wide variety of emotions: sadness, confusion, uncertainty, anxiousness, irritability, anger, fatigue, discouragement, vulnerability, worry about the future.

Some feel their lives will never be the same.

These reactions are normal. They are emotions that normal people experience after a stressful event. Although the intensity and the duration of these reactions differ from person to person, some of you will recognize yourselves in the following descriptions of the phases people go through.

Shock Phase

All energies are focused on coping with the situation.

Emotional Fallout

People gradually come to realize what has happened. Some cry and some get mad. Others feel confused and disorganized. Some children regress in their behaviour, wet their bed, suck their thumb...

Fatigue

Several days after the event, some people feel nervous, have difficulty concentrating, suffer from insomnia, feel guilty or deny reality.

Adjustment Phase

People get reorganized, adjust their lives to the situation.

How to Take Care of Yourself and Others

Taking care of yourself

- Find some time for relaxation away from your worries – go to a movie, eat with friends.
- Often, talking about what you have experienced, what you are feeling is a good way to overcome stress. Be aware of your needs in this area. Some people may need to talk about the situation a lot, while others need to get away from it. Make others aware of what it is you need in this respect.
- Take care of your health. Watch what you eat; eat at regular times; get plenty of sleep. Establishing a new routine is as important for grown-ups as it is for kids. Do something physical – walk, jog, play some sport.

Taking care of your life as a couple

- Talk to your partner about your worries, opinions, emotions about the situation.
- Listen to your partner; his or her reactions may differ from yours.
- Both should expect to be able to express feelings without any blame.
- Find time to be alone together, without the children, just to relax, to enjoy some special time together.

Taking care of your children

- Let them talk out their fears and concerns. Talk with them about the situation.
- Offer simple explanations of what has happened and what is happening now.
- Reassure the child that you are watching out for him/her and won't abandon him/her.
- Make time to play.
- Don't hesitate to make more fuss of him/her than usual hugging, rocking...) Physical closeness is very important.

Taking care of your family

- Families that have had to live apart because of the fire need to try to get together regularly.
- Families that are together in new surroundings need to try to find time to be all together, even if it is just for a few moments every day.

Finally, do keep in mind that what you are feeling is perfectly normal. If you feel isolated, alone, needing to talk about what you are going through, please don't hesitate to contact the teams that have been set up by the CLSC:

CLSC des Seigneuries
461 boulevard St-Joseph
Sainte-Julie, Quebec
649-5441

CLSC La vallée des Patriotes
Centre des achats Meuble Ultra
265 boulevard Sir Wilfred-Laurier
St-Basile-le-Grand, Quebec
461-1134

Prepared by the Charles LeMoyne Hospital Community Health Department, September 1988.

We wish to thank the Department of Community Health of the Charles LeMoyne Hospital for permission to reprint the information from their brochure in this manual.

Appendix I

Danger is Past... But Not Forgotten in Perth-Andover*

Imagine your family routine at 6:30 in the morning. Imagine scooping your sleeping children out of their warm beds and rushing about in ice cold water to your ankles, making your way to safety as quickly as possible. Now imagine how many things, big and small, that were left behind that you could not return to salvage. The photos, the precious little toys that were so special to the tots, the Christmas decorations made by their hands, special gifts from loved ones who have passed on, family heirlooms, the list is endless. Now imagine the anger and the questions as you return to the familiar rooms of your home, finding yourself lost in the rubble as five to six feet of flood water floated everything out of place, and even some things just g-o-n-e. Perhaps your oil barrel in your basement upset, ruining everything it touched as it mixed with the flood waters of the mighty St. John River. Imagine the frustrations of watching a lifetime of hard work and struggles to make a home for you and your family... fade into a relentless nightmare. The people who suffered damages during the flood of April 2nd, 1987 in Perth-Andover, don't have to imagine.

For these people and their children, their friends, it is still an ongoing disaster. They have dealt with their losses, they have picked up the pieces and have resumed their lives. However, as with any trauma in our lives, there is a time to grieve those losses.

That is what the "Outreach Program" provided by the Dept. of Health and Community Services in conjunction with other community groups, is all about.

To help the flood victims cope with all of their emotions and deal with their loss, the "Outreach Program" is a first for N.B. as we have been fortunate to have not suffered from disasters such as this before. The only other program in Canada, of its kind, was set up in Barrie, Ontario, following a tornado in 1985.

This particular Outreach Program came about as a result of the Perth-Andover Flood Victims Associations' awareness that something more than financial assistance was needed to help the people affected by the flood and to help them recover from its effects. Their needs were made known to the Government (provincial) and it has recently been put in force in the town in the form of a Community mental health nurse and a social worker.

Volunteers made up of flood victims and local townspeople not directly affected by the flood, are also assisting in this effort which will be available for at least another six months.

Community Mental Health nurse Helen-Jane Blanchard remarked on the great need for this service in the community, and on the strength of the community spirit in Perth-Andover. Mrs. Blanchard is from the Bath area and complimented the flood victims on their organization of various committees to assist the many flood victims. "We really appreciate the support that the community has given us in manning the phones and they all deserve a lot of credit for pulling together as a community," she said. "What is equally important," Mrs. Blanchard went on to say, "is that the victims realize that what they are feeling and how they are reacting is all very normal. Feelings of helplessness, fear, powerlessness, anger, uncertainty, sadness and for some physical disturbances such as sleeplessness or loss of appetite are all very normal responses and we are here to help as they and their children work through them.

"Our goal is to help people realize that the symptoms and feelings they are experiencing are similar in nature to those experienced by a person grieving the loss of a loved one. Each person experiences the grieving process in their own way and in their own time. That is why it is important that community and family members realize that although they might be ready to move on themselves, other members may still require their continued support as they struggle with their losses," Mrs. Blanchard explained.

Social worker Pam Demmings of Aroostook, is working with the elderly. "Some have lost their photographs of their children growing up and those types of losses will never be replaced. Some things have been lost that represent a lifetime of memories," she stated.

So if you've turned a deaf ear to the plight of the Perth-Andover flood victims, just take a moment to ponder on what they have been through. Let them know that they are not forgotten. Next time, who knows what community might suffer some tragedy or another.

Thanks to the flood victims of Perth-Andover, there will be an outreach program there to help them as they cope.

If you or someone you care about could benefit from the efforts of the Outreach Program, please contact Mrs. Blanchard or Pam Demmings at 276-6663.

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* This article appeared in the Observer of June 17, 1987, a week after the Perth-Andover Outreach Program was initiated.

We wish to thank the author of the article, Katharine Bowmaster, and the Observer, Hartland, New Brunswick, for permission to reprint the article in this manual.

Appendix J

Victims Must be Prepared*

As the anniversary of the April 2, 1987 flood approaches, the people of Perth-Andover are looking towards the frozen St. John River with anticipation. Many of the village residents fear a re-occurrence and the memories of last year's disaster are again brought to mind.

With the anticipation and the fears come raised anxiety levels, observed Helen-Jane Blanchard, mental health nurse who worked through Community Outreach Services following last year's flood. She notes the feelings of anxiety are normal, but people can help themselves cope by being prepared for the possibility of a flood.

"It should be acknowledged that fear is an adaptive emotion that triggers a personal response within us," Blanchard said. "The response enables us to react or prepare for situations that pose imminent danger. The rise in our anxiety level is the body's natural attempt to mobilize our resources."

Blanchard said most people experiment with and develop their own strategies for keeping fears and stress levels within a manageable range. Many people adopted such personal strategies when faced with the flood last year.

"The fear and anxiety experienced was instrumental as plans were made to repair, renovate, relocate or re-build, making provisions where possible to render personal belongings less vulnerable to flood damage in the future," Blanchard continued.

Although fear and anxiety may increase as the spring thaw approaches, Blanchard says there are many ways people can keep in control of the situation. She noted it is everybody's responsibility to be informed about the community's evacuation plan and what they can do to prepare themselves in the event an evacuation takes place.

"Being prepared for the possibility of future emergencies can reduce feelings of helplessness and bring about peace of mind for people and their families," Blanchard said. "Some people feel there isn't anything they can do before a flood happens, but they can – they can be ready."

Residents can be prepared by following some "pre-planning for an emergency" advice prepared by the Department of Health and Community Services in co-operation with EMO and the municipality of Perth-Andover. This information will be distributed to residents of the community.

The release states that in the event of a declared disaster, individuals and families may be asked to evacuate their residences. They can help to ensure the safety of themselves and their family by being prepared.

"An emergency pack consisting of such essential items as clothing, personal toiletries, significant children's items, prescribed medications and family and personal identifications should be set aside, ready to take with you.

"When an evacuation is initiated by village EMO officials, you must comply immediately. Notification will consist of a five minute blast of the fire siren followed by door-to-door contact by evacuation personnel.

"Once notification has occurred, report to the nearest Reception Center to register you and your family. This will enable officials to account for your safety and respond to inquiries from concerned friends and relatives.

"Reception Center locations are the Teen Center (formally the Wright and Everett store on Perth Hill), phone 273-6016, and Gee's Autoland (the former Robinson's Auto Sales and Body Shop on the Trans Canada Highway), phone 273-6805.

"Reception Centers may also provide services for you and your family. Emergency lodging, emergency food and clothing, registration and inquiry and personal services will all be available.

"By following the procedures outlined above, you can help prevent unnecessary confusion and at the same time, ensure the safety of you and your family. Practice your part now by sharing this information with your family," the release concludes.

Blanchard added people may find themselves experiencing acute periods of anxiety or panic as the flood's anniversary approaches.

"These periods may be marked by such symptoms as increased heart rate, shaking, dizziness, weakness and excessive sweating," Blanchard said. "Awareness of your breathing pattern may be helpful. Sometimes, acutely anxious individuals will hyperventilate and consequently, the above symptoms may present themselves. Although this experience can be frightening, deliberate, controlled breathing can provide relief from the acute anxiety."

Blanchard adds there are many things people can do to help reduce their anxiety. Being prepared for possible emergencies, keeping up to date with ice conditions and reports, staying active, taking time to be with friends and participating in leisure activities will all help to reduce anxiety to a more comfortable level.

Should anyone require further information on flood-related anxiety and fear, they can contact the local Department of Health and Community Services at 273-6831.

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* This article appeared in the Victoria County Record on March 23, 1988, 10 days prior to the anniversary date of the Perth-Andover flood of April 2, 1987. It is a good example of public education outreach as the anniversary date of a previous disaster approaches.

We wish to thank the Victoria County Record, Perth-Andover New Brunswick, for permission to reprint this article in this manual.

Appendix K

Group Formed to Help Victims*

Successful was the word used by most of the 75 persons who met to discuss the emotional effects of the May 31 tornado.

One of the end results of the meeting was the formation of a self-help group of tornado victims which will meet on a monthly basis for similar discussion evenings.

The meeting, sponsored by the Community Mental Health Clinic, was held Tuesday night at the arena in Grand Valley. Leading the discussion was a panel which included psychometrist Julie Lefever, child psychologist Dr. Robert Camargo, Woodstock tornado survivors John and Agnes King, Grand Valley public health nurse Robin Berger, Grand Valley physician Dr. Don Mulder, and Grand Valley Public School principal Doug Duguid.

Lefever explained that after a disaster like the one that struck Dufferin and Simcoe counties, it is normal for people to experience feelings of anger, helplessness, depression, and even fear.

"They're all part of the grieving process ... grief for the loss of a home, a farm, or personal possessions."

In answer to questions raised by members of the audience about sleeplessness and changes in appetite, public health nurse Robin Berger said that no medication can really relieve those symptoms "except the tincture of time."

Suggestions were offered by several members of the panel as to how to cope with feelings of apprehension at the onset of inclement weather.

"Recognize and accept that your fear is quite reasonable after the traumatic event you have just experienced", Dr. Camargo advised.

Lefever suggested slow, deep breathing, and busying yourself with something that will take attention away from an impending storm.

"It's difficult for your stomach to get all knotted up when you're taking slow, deep breaths", she said, "and it's hard to have a panic attack when your mind is occupied with something other than what is causing your apprehension."

John King, a survivor of the tornado that hit Woodstock in 1979, suggested that it might be wise to face fear head on.

"Go somewhere where you feel safe and watch the storm. Nature can really put on quite a show."

Camargo dealt at some length with emotions experienced by children after disasters. He said while children are characteristically resilient, they can also have similar reactions to those experienced by adults. These may include fear of separation from parents especially at night, nightmares, a return to bed wetting or thumb sucking, increased defiance and sadness often expressed in drawings.

Set Example

One of the best ways to help children over this difficult period, Camargo said, is to set a positive example.

"Be open and talk about your fears with them, but show them you can handle them."

Camargo suggested that if children appear jumpy, let them draw pictures related to the tornado. Give the facts about nature in general and tornadoes in particular. Reassure them that such a disaster is very unlikely to happen again.

He said children often ask questions about God and their own vulnerability at times like this.

"I would be prepared to think about that and share your feelings about it with them."

He also advised parents not to be overly concerned about temporary alterations in behaviour.

"Kids are resilient. Take care of yourself, and you'll be taking care of them."

The audience also heard some words of advice from Woodstock tornado victims Agnes and John King.

Take Help

Mrs. King suggested victims of the recent tornado should not hesitate to accept kindnesses offered by other people.

"You may not be used to accepting someone else's clothing, for example, but you'll need what money you have for rebuilding."

Mr. King advised current victims to go with the flow of their emotions.

"There's nothing cowardly about letting your emotions show. It will help you to keep your health and sanity."

King also warned that among the thousands who donate to the Central Ontario Disaster Relief Fund, there may be a few who will point out how well victims did by the tornado, especially if people are able to replace old possessions with new ones.

"In that case, you need to do two things. First, you need to let off steam to another survivor who understands your situation. Secondly, you need to point out to the person who says that to you, that you have paid quite a debt, and that you have put a lot of yourself into the rebuilding of your life."

Stay Together

King urged survivors of the recent tornado to stick together, even if distribution of the relief fund seems a little unfair at times.

At the conclusion of the evening, approximately 15 people expressed an interest in meeting in a self-help setting for further discussions.

Anyone else who is interested should call Lefever at 941-0465.

Note: Additional material such as brochures, handouts, colouring books, and interview questionnaires which could not be included in the manual are available from the Emergency Services Division.

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* This article appeared in the Weekend Banner, Orangeville, Ontario on July 5, 1985. We wish to thank the author, Devon Wilkins, and the Orangeville Banner for permission to reprint this article in this manual.

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